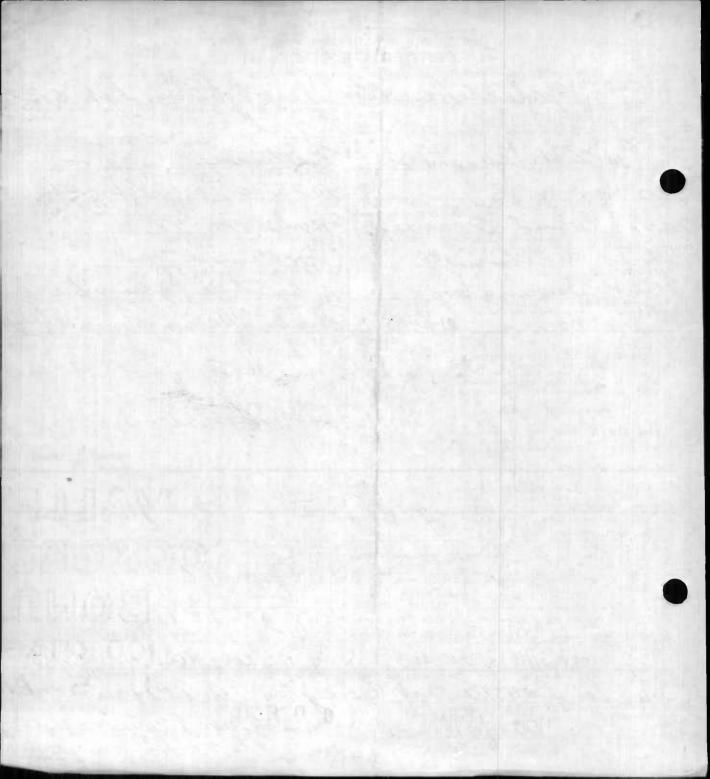
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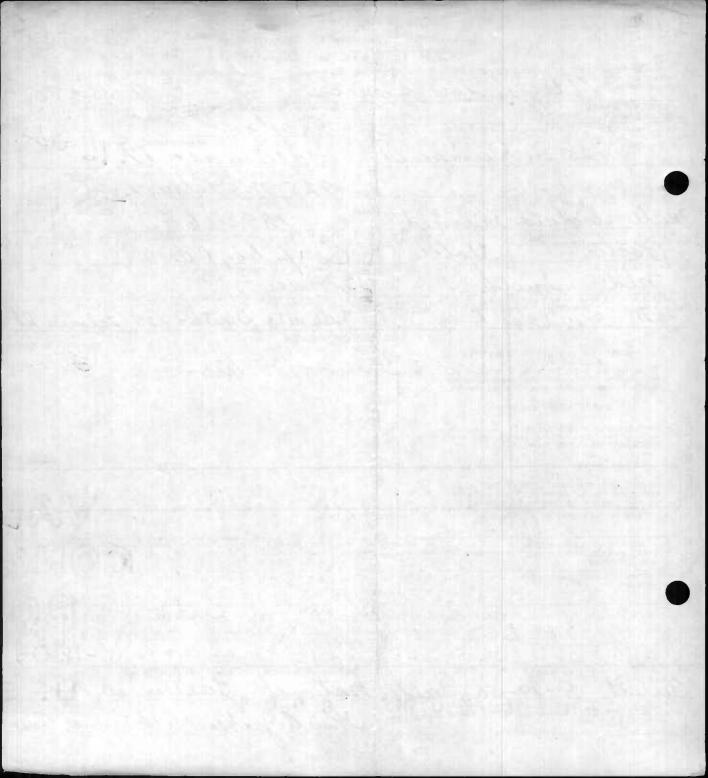
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8001 Registered No.

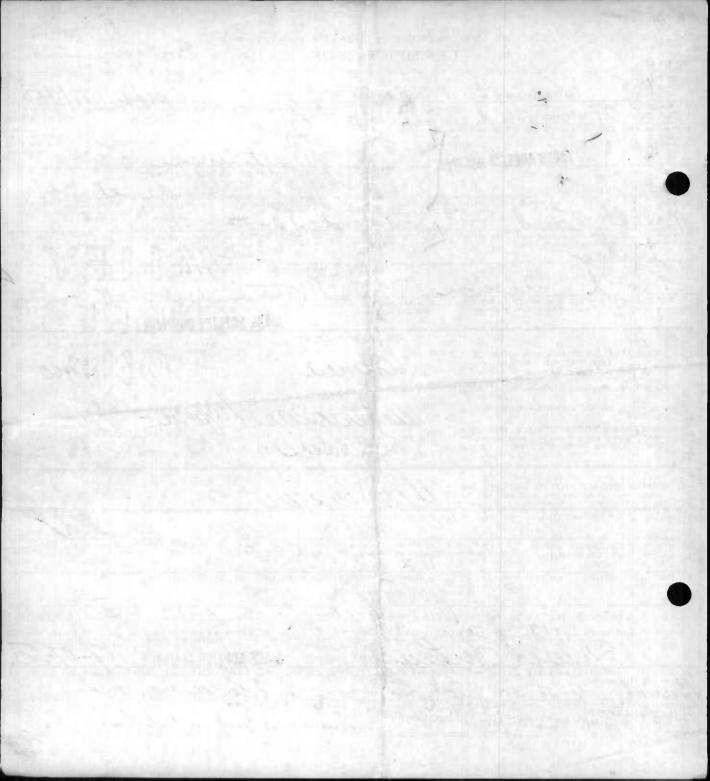
BIRTH NO.		
1. NAME OF DECEASED GLERARD Hamilton	a Starrington DEATH. Left.	15 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		on : residence efore admission)
B. FULL NAME OF (If not in hospital or institution, give street address o location		
INSTITUTION 10 75 W. Leylington St.	Caltimore 10	township)
Yrs, Mos.	D. STREET ADDRESS (If rups), give location)	0/
c. Hingth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (IN 1987) IN Under 1 Year	II Under 24 Hours
male Coloud Married	morel 25 (Sm) last birthday) Months Da	ys Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired) INDUSTR'		IZEN OF AT COUNTRY?
Setorex U.S. Frances Co.	Callenore md	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	/
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of vervice) SECURITY NO.	17. INFORMANT ADDRESS	4
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Hoarle Warrenden 1975	W. Lassingto
18. 443 X CAUSE		RVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	T. He & of. 6. 7	>
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Jesting Harl Jarry on	e weig,
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	1 1 0 1	2
Z (B) PY/	Versis Cado Las Dis	<i>f</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CON-		9
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	na	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE		AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6.8.	io or 21c. WHERE DID (If in Baltimore City, give exact	
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.	,etc.) INJURY OCCUR?	
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE		
m. WHILE AT NOT WHILL AT WORK	71/	
22. I hereby certify that attended the deceased from	//	I last saw the
deceased alive on fiftill, 1950, and that death occur		DATE SIGNED
george MC Novald M.D.	844 11 Carey MBall, My 91	181.50
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMET TION, REMOVAL (Speciety)	bruy Com. 240 LOCATION (City, town, or office	(State)
DATE RECEIVED BY RECESTRAR'S SIGNATURE	Mus Steel a Elliston	Lughts
VS 150	10 112971. Curling	5



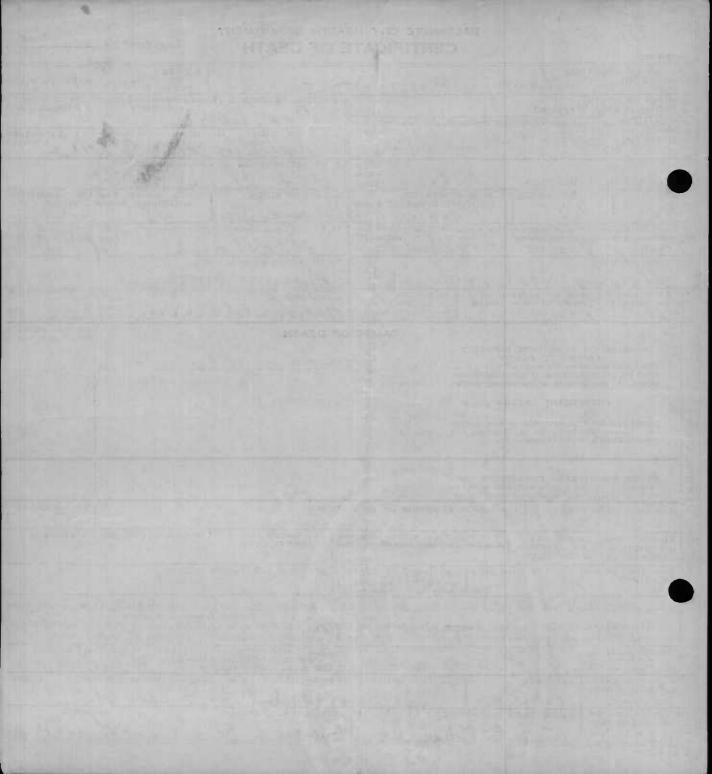
530 8002			Pho	
BA	CERTIFICATE		Registered No	U 8003
BIRTH NO.	CERTIFICATE	OF DEATH	Registered No)
1. NAME OF DECEASED (Type or Print)	in Smit	the	2. DATE OF DEATH 9-/	5-50
3. PLACE OF DEATH: A. Baltimore City, Maryland	A	. USUAL RESIDENCE (W. STATE		stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	location)	CITY OF TOWN (III		1 17
INSTITUTION 925 n. Keln	une St	Baltimor	outside corporate limits,	township)
ngth of stay in Baltimore	Mos.	STREET ADDRESS (IGT	ural, give location)	11
5. SEX 6. COLOR OR RACE 7. SINGL		DATE OF BIRTH		nder 1 Year If Under 24 Hours
male Coloud ma	NED, DIVORCED (Specify)	1890	Ast birthday) Mont	the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of mosking life, even if retired)	D OF BUSINESS OR 11	. BIRTHPLACE (State or for	eign (ountry) 1	2. CITIZEN OF
Forus Ho	lel 6	seef, los. 7	1a.	WHAT COUNTRY?
13. FATHER'S NAME	14	MOTHER'S MAIDEN NA	ME 2	
15, WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL	mary:		
(Yes, no or unknown) (Heres, give war or dates of service)	SECURITY NO.	aunita Smit	th- 925 2	PRESS OF
18. 151X	CAUSE OF	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	/ /	54	0	ONSET AND DEATH
(This does not mean the mode of dying, e. heart failure, asthonia, etc. It means the disea	se.	mas / All	and.	& mose
injury or complication which caused deat	h.) OUE TO	V		
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.	(B) NG HE OUE TO		***************************************	
UNDERLYING CONDITION LAST.	(C)			
OTHER SIGNIFICANT CONDITIONS CO	N•			
O TO THE DISEASE OR CONDITION CAUSING	IT			
19a. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPERATI	ON		20. AUTOPSY?
LYING OR CONTRIBUTING shout home,	ACE OF INJURY (e. g., in or farm, factory, street, office bldg., etc.)	21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, giv	e exact location)
CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour)	21s. INJURY OCCURRED	21F, HOW DID INJURY	OCCUP?	
FINJURY	WHILE AT NOT WHILE	211.11011 212 114301(1	OCCORT	
22. I hereby certify that I attended the	desagged from Anne	28 1000 to \$1	LA X-15 10.40	47 4 7 7 4 4 7 7
	and that death occurred		causes and on the	
23A. SIGNATURE	. 23в.	ADDRESS SOLVE	Lowerel	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	246 NAME OF CEMETERY	OR CREMATORY 240 LO	CATION (City, town, or	county) (State)
Queial 9-19-50	Talte, na	ternal /20	retemore	ned
DATE RECEIVED BY REGISTRARIS SIGNATURE	value, M. 2	SUNERAL DIRECTOR	m 916 for	DDRESS
VS 150	SEPTIMENT SERVICES	The party of the p		, con
	78088	3		0461



В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	NO
1 ('	. NAME OF D Type or Print)	ECEASED UL	off	Brow	W	2. DATE OF DEATH	17.1958
	. PLACE OF D. Baltimore (EATH: City, Maryland	red.	1000 2	4. USUAL RESIDENCE (f institution : residence before admission)
В	FULL NAME		tal or instituti	ion, give street address or location)	ma.		
11	NSTITUTION 23	JOHNS HOL	PRINS BOSE		c. CITY OR TOWN (I	f outside corporate limi	ts, write RERAL and give fownship)
		CONTROL CONTROL	AUS HEST	Yrs.	D. STREET ADDRESS (II	rural, give location)	
_ c		tay in Baltimore		Mos. Days	442 €	Deden	al St
5	M . O.	6 COLOR OR RACE	7. SINGLE	E. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) M	H Under 1 Year If Under 24 Hours onths Days Hours Min.
10	DA. USUAL OC	CHPATION (Give kindo	1 108, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country	12, CITIZEN OF
#01	k done dering most of	of working life, even if retired		INDUSTRY	Ja	p (Country)	WHAT COUNTRY
13	3. FATHER'S N	NAME 1			14. MOTHER'S MAIDEN N	IAME)	
	7 (01	10 10	www	~	Mattie.	Made	ion.
(Y	s. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
-	10 1/1/	J			JOIUIS AOPI	UBS BOSPITAL	
	18. 446	E OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH
	(This does	not mean the mode	TH of dving, e.g.	. wares	ma		3mn
	heart failus injury or	re, asthenia, etc. It mer complication which	ans the disease caused death.				
		ANTECEDENT CAU	SES	arta	· · · · · · · · · · · · · · · · · · ·	online	
O	DISEASES	OR CONDITIONS, I	F ANY, GIVING	G	riolar M	geries -	***************************************
AT.		HE ABOVE CAUSE (A)		E DUE TO SCLO	padis.		
FIC				(c)		,	
ERTIFICATION	OTHER S	IGNIFICANT COND	TIONS CON	· Wala	Va		
CE	TO THE DI	TO THE DEATH, BUT	CAUSING IT	- Julia	EHILOW		
AL	19A. DATE O	F OPERATION 1	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOBSY?
EDICA	LYING OF	ENT WAS UNDER-		CE OF INJURY (e. g., in		If in Baltimore City,	give exact location)
Σ	210. TIME (Month) (Day) (Year	 (Hour) 2	21E, INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
	FINJURY		m. w	HILE AT NOT WHILE			
	22. I hereby	y certify that I at	tended the	deceased from 9 -	16- , 195 Pto	9-17-,19-	hat I last saw the
	deceased al		, 19 500	and that death occur		he causes and on t	he date stated above.
	25A. 310NAT	Deves	Du	coust"	38. ADDRESS	IES EOSPERE	DATE SIGNED
2. TJ	4A. BURIAL, C	MEMA- 24B. DATE	2	4c. NAME OF CEMETER	RY OR CREMATORY 24D. L	OCATION (City, town	, or county) (State)
6	Murial	9-21-5	10 to 100	nt. Calva	roge of lls.	A. 100. 7	red.
	SEP 191	950 REGISTRAR	S SIGNATU	Chiama Mile	Villian a. Jack	Lean 916 Per	ena. Cue
	VS 150		\$	1000	0	,	
				J706E		/	312



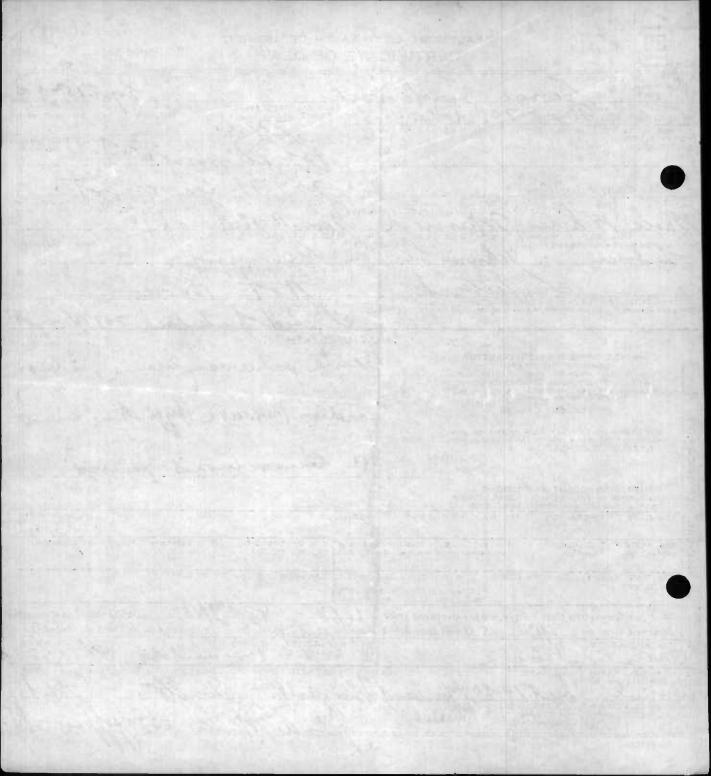
В	IRTH NO. CERTIFICAT	TE OF DEATH	Registered No.			
(7		TOLZEN BACH	2. DATE OF DEATH SEPT. 17, 1950			
	PLACE OF DEATH: / Baltimore City, Maryland		here deceased lived. If institution: residence before admission)			
В.	FULL NAME OF (If not in hospital or institution, give street address of ospital or	or MARYLA	nd			
	ISTITUTION 2041 Holling St.	The control of the co	outside corporate limits, write RURAL and give			
-	Yrs.	DALCIMO	rural, give location)			
	ength of stay in Baltimore Life Mos.	-101/1 H	LLins St.			
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years f Under Year ff Under 24 Hours last hirthday Months: Days Hours Min.			
	MARRIED	FEBRUARY 5, 1900	48			
wor	DA. USUAL OCCUPATION (Give kind of Logic KIND OF BUSINESS OR Logic during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or fo	reign country) 12. CITIZEN OF WHAT COUNTRY?			
1	FATHER'S NAME	MARYLA	nd 14.J.A.			
	// CALL CALL	M 23. V	1			
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17 INFORMANT	ADDRESS			
(Y	(If yes, give war or dates of service) SECURITY NO.	MARION STOLZ	1 2 2 2 4 4			
-		OF DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY	OI DEATH	ONSET AND DEATH			
	(This does not mean the mode of dying, e.g., (A)	oronan ar	any sclerosis			
	heart failure, asthenia, etc. It means the disease, lajury or complication which caused death.) DUE TO					
	ANTECEDENT CAUSES		Additional and the latest the lat			
Z	DISEASES OR CONDITIONS, IF ANY, GIVING					
TION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
1	(C)					
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-					
FR	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
U	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?			
₩ V	214 FXTERNAL CAUSE WAS 218 PLACE OF INJURY (6. g.,	in or 21c. WHERE DID (I	f in Baltimore City, give exact location)			
000	21B. PLACE OF INJURY (6.6.4. UNDERLYING [] OR CONTRIB. about bome, farm, factory, at reet, office bldg					
ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?			
	OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK					
	22. I eertify that I took charge of the remains described	above, held an risper	lion & Juguing thereon and from			
	the evidence obtained by said Autopsy, Inspection or	Inquiry, find that said de	inspection or Induiry eeased died on the day stated above,			
	and death in my opinion resulted from: natural cause					
	23a. SIGNATURE	ASSISTANT MEDICAL E M.D. MEDICAL INVESTIGATE	EXAMINER 23c. DATE SIGNED			
2	4A. BURIAL CREMA- 24B DATE 124C NAME OF CEMET	ERY DR CREMATORY 24D. LO				
TI.	ON REMOVAL (Specify) SURIAL SEPT. 20, 1950 WESTER	IN CEMETERY ISA	L'EINORE, Md.			
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS			
		25. FUNERAL DIRECTOR	ADDRESS			
	OCAL REGISTRAR	GEURGE L. Sc	hwab 2101 HREDERICK Ave			
\$	OCAL REGISTRAR		hwab 2101 HREGERICK Ave			



50 8005

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH Maryland 4. USUAL RESIDENCE (Where deceased lived, I institution: residence B. COUNTY before admission) A. STATE B. FULL NAME OF (If not in hospital or institution give street address or (If outside corporate limits, write BU)(A), and give HOSPITAL OR location INSTITUTION Yrs. ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days GOLOR OR RACE 7. SINGLE, MARRIED Il Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of BUSINESS OR 11 BIRTHELACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) [If yes, give war or dates of service) SECURITY NO. CAUSE OF SEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. actenorchionis H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from_ . 1950 that I last saw the m., from the causes and on the date stated above. 19.5 Q and that death occurred at_ 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY

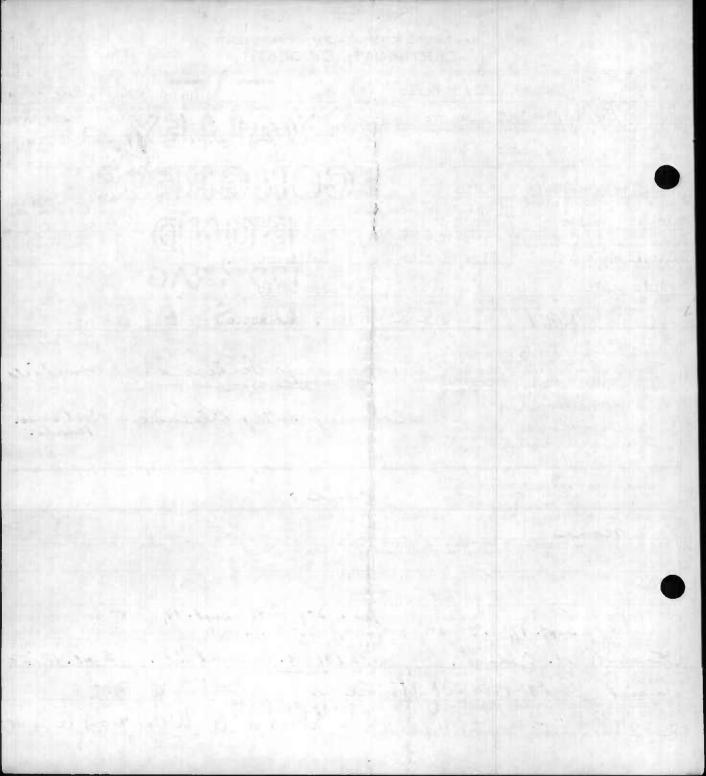
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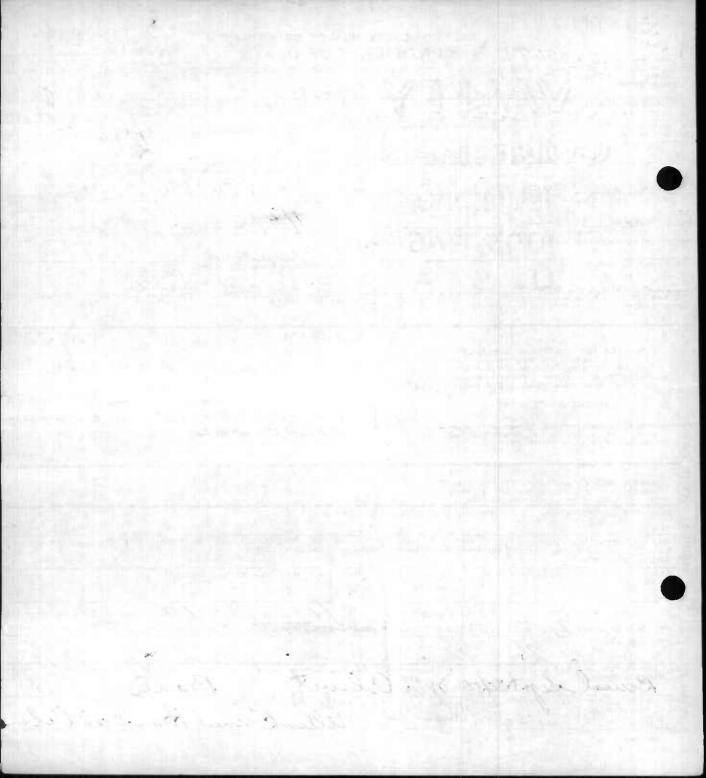
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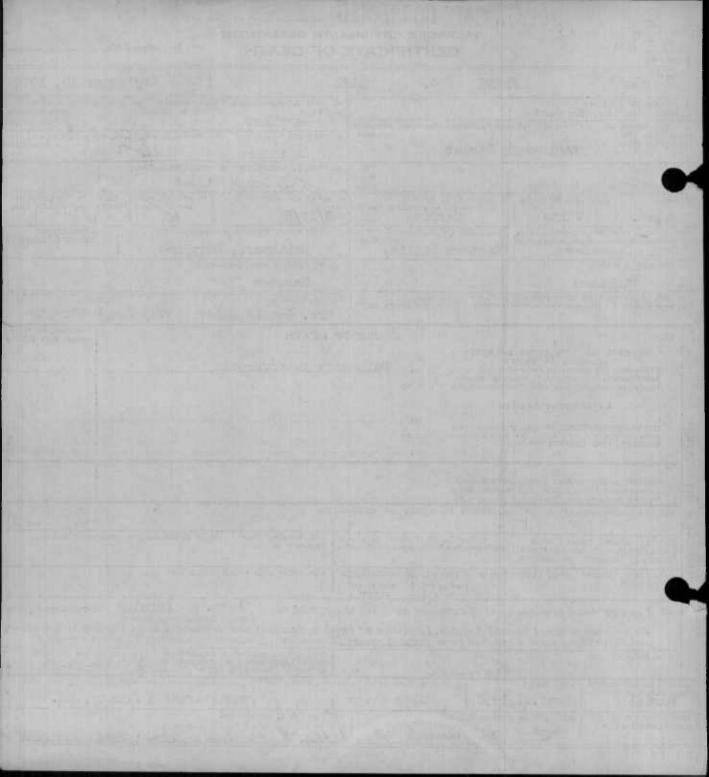
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Samu	el William Serio		OF Sept	17,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in ho	3302 Lake Ave	4. USUAL RESIDENCE () A. STATE Maryland		
HOSPITAL OR INSTITUTION	Home	Baltimore 13	6 5 4	its, with BORAL and give township)
	Yrs.			
c. Length of stay in Baltimor	e Life Mos.		e	
5. SEX 6. COLOR OR RA	CE 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
Male White	Married (Specif	"April 27,1901	49	Ionths Days Hours Min.
10A. USUAL OCCUPATION (Give kin ork dane during most of working life, even if ret		11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
Balto Fire Dept	Fire Fighter	Baltimore Md.		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Dominic Serio		Rose Serio		
15. WAS DECEASED EVER IN U. S. AF	MED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
W.W.	219-20-5966	Mrs. AntoinetteS	erio 3302 La	ke Ave
heart failure, asthenia, etc. It injury or complication which was a superior of the injury of complication which was a superior of the above cause underlying condition of the significant contributing to the death, is	AUSES S. IF ANY, GIVING (A) STATING THE DUE TO (C)	eary Atery is	iene-	About 3 mos.
TO THE DISEASE OR CONDIT	TON CAUSING IT.			
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	ERATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDELYING OR CONTRIBUTING			If in Baltimore City,	give exact location)
D. TIME (Month) (Day) (Y	ear) (Hour) 21E. INJURY OCCUR WHILE AT NOT WHILE MORK AT WORK	.E	Y OCCUR?	
			the eauses and on	
TION REMOVAL (Specify) Sept of	240 AMIS OF CEMEN	laus Bal	CATION (City, town	n, or county) (State)
LOCAL REGISTRAR	AR'S SIGNATURE ()	Jeorge (2. Weber 7	105 S. ann re
VS 150	7629	3		094a



WANDA-BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF 4. USUAL RESIDENCE (Where deceased lived, If institution institution before admission) DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR leation) C. CITY OR TOWN (If outside corporate Im is, write RURAL and give INSTITUTION township! Yrs. D. STREET ADDRESS (If rural, give location) Mos. FREDERICK. AVE ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME me 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) OVERWHELMING TOXISHIP heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) CONFLUENT LOBULAR PNECMENIA RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING BILATERAL RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE ATT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from_ . 1950 to 10 , 10 , that I last saw the deccased alive on 7/18, 1950, and that death occurred at 4:45 M., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-, 24B. DATE TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Dunak DATE RECEIVED BY REGISTRAR'S SIGNATUREL 25 FUNERAL DIRECTOR ADDRESS SEP 19195 THE SECTION BOTH VS 150



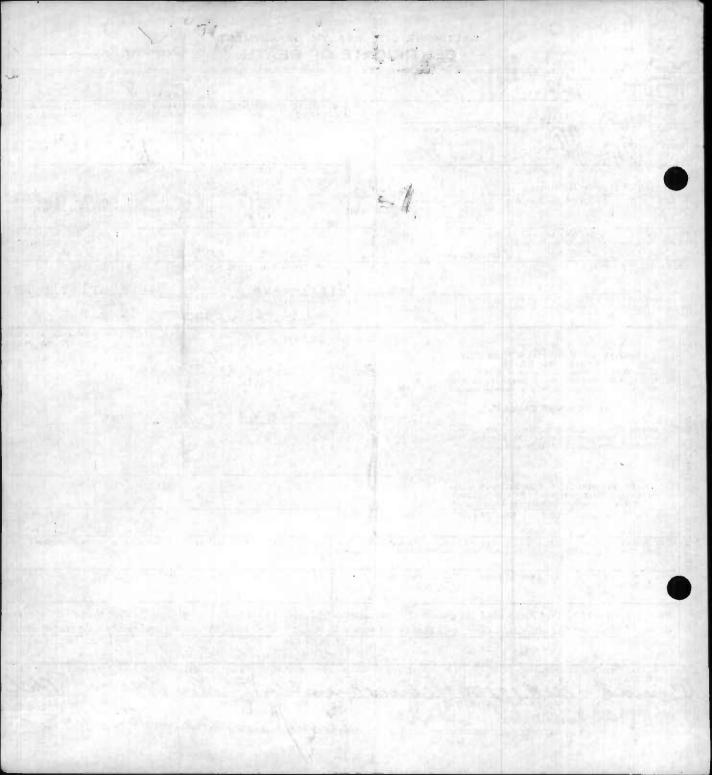
	E0	OCCO CER	TIFICAT	TE CORRECTE	D 9-26-50	ing ,	
1	200	2003	BAL	TIMORE CITY H	EALTH DEPARTMENT		0000
(O)	RTH NO.			CERTIFICAT	E OF DEATH	Registered No.	Zitti i
1.	NAME OF D	ECEASED F	FRANK	G. F. MAI	[ER	2. DATE OF September	er 17, 1950
	PLACE OF D				4. USUAL RESIDENCE (Where deceased lived, If inst	
В.	FULL NAME	City, Maryland OF Of the following the state of the stat	al or instituti	ion, give street address or	A. STATE Maryland	B. COUNTY	before admission)
	SPITAL OR STITUTION	0005 0	1 01	location)	c. CITY OR TOWN (I	f outside corporate limits, w	it R RAL and give township)
0	0	3725 Goug	gn Stree		Baltimore	60	cownent))
Y				Yrs. Mos.		rural, give location)	
C	sex	tay in Baltimore	7 CINCLE	Days	3725 Gough		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Male	White	WIDOW	E. MARRIED. PED. DIVORCED (Specify) MARRIED	2/22/88	last birthday) Months	I l Year If Under 24 Hours Days Hours Min.
		CUPATION (Give kind of I working life, even if retlred)		OF BUSINESS OR INDUSTRY			CITIZEN OF WHAT COUNTRY?
	Crane Op		Easter	rn Rolling	Baltimore, N		
13	FATHER'S N				14. MOTHER'S MAIDEN N	AME	
15		known			Unknown		
(Yes	no or nnknown)	D EVER IN U. S. ARMED (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	Mrs. Jennie Mai	ier 3725 Gough	
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					3	
2		F OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB-		CE OF INJURY (e. g., arm, factory, street, office bldg.,		If in Baltimore City, give	exact location)
ME	2 ID. TIME (Month) (Day) (Year)		THE AT WORK		Y OCCUR?	
	the evi	dence obtained by ath in my opinion	ge of the	remains described of psy, Inspection or	Autopsy, Inquiry, find that said d S. ☑, accident ☐, suicide 23B. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER 23C. D EXAMINER	lay stated above,
	A. BURIAL. C	pecify)	1050	24c. NAME OF CEMETE	1.D. MEDICAL INVESTIGAT RY OR CREMATORY 24D. L	OCATION (City, town, or c	county) (State)
	BUTLAL TE RECEIVED CAL REGIST		S SIGNATU	Glen Haver	25 FUNERAL DIRECTOR	e Arundel County	y, Ma.
		1951 Thurtu	ustor /	Marile, Mr.	alluch tunes	al Home 2008	Orleani It
V	3 151	Europe :	4 -	5/3	24	0/3	1-



BALTIMORE CITY HEALTH DEPARTMENT

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Coll	CHICAN

O	0			CERTIFICAT	E OF DEATH	Registered	l No	
_	RTH NO.			CERTII TOAT	L OI DEATH			
1. (T)	NAME OF D	DAISEY J	T. KI	EIN		2. DATE OF DEATH	-16-50	
A.		City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	If institution; residence before admission)	
H	STITUTION .		al or institut	ion, give street address or location)	c. CITY OR TOWN	If outside corporate li	nts, wife HillAL and give	
L	the h	utherAN /	105p 0	1 1110	BALTIM			
0	ength of s	tay in Baltimore	lifel	Yrs. Mos. Days	- 1 - 1	If rural, give location)	4/6	
5.	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of	108 KINE	OF BUSINESS OR		foreign country	12. CITIZEN OF	
WOF		of working life, even if retired)	Ume	WEST INDUSTRY	BALLO	was Va.	WHAT COUNTRY?	
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME		
4	INK			5 to	existexave	3405	Carlisle Ave	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL, SECURITY NO.	17 INFORMANT		ADDRESS	
	No			UNK	14USBANO	Benjaman F	. Klein	
	18. 32	0 %		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION	DIRECTLY	0	, , , , , , , , , , , , , , , , , , , ,	/	0	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Subarach Noid 1-lemoviage 7/2 hrs							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES Interventviewlar Hemovage							
O	DISEASES OR CONDITIONS, IF ANY, GIVING							
CATI	RISE TO T	THE ABOVE CAUSE (A)	STATING T					
FI				(C)				
RT	OTHER S	II SIGNIFICANT COND	ITIONS CO	N -				
国日		S TO THE DEATH, BUT			***************************************			
				FINDINGS OF OPE	RATION	一个一个	20. AUTOPSY?	
A							YES NO	
EDIC	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		(If in Bultimore City	y, give exact location)	
Σ	21D. TIME F INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	RED 21F, HOW DID INJU	RY OCCUR?		
	FINSORT		m.	WHILE AT NOT WHILE				
	22. I hercb	y certify that I at	tended the	deceased from 3	n Sept 16, 1950, to 4	in Sep 16 , 19	50, that I last saw the	
	deceased a	live on 930 Sept 1	6, 1950.	and that death occu	rred at 420 p.m., from		the date stated above.	
	23A. SIGNA	John C. 12	le	м. D.	hatheran luns	Donal.	9-17-50	
2	AA. BURIAL,	CREMA- 24B. DATE		24C. NAME OF CEMETI	ERY OR CREMATORY 24D	LOCATION (City, to	wn, or county) (State)	
Q	Suna	& sest	7/200	Hebreust	nephin The	ela Vel	INCL	
D.	ATE RECEIVE	RAR REGISTRAR	SSICNATI	RE	25 FUNERAL DIRECTOR	10 10	ADDRESS	
	SEP 19	1950	44 / 1440	Action In Part	David Don	alk Clinks	40/ 902 Certar	

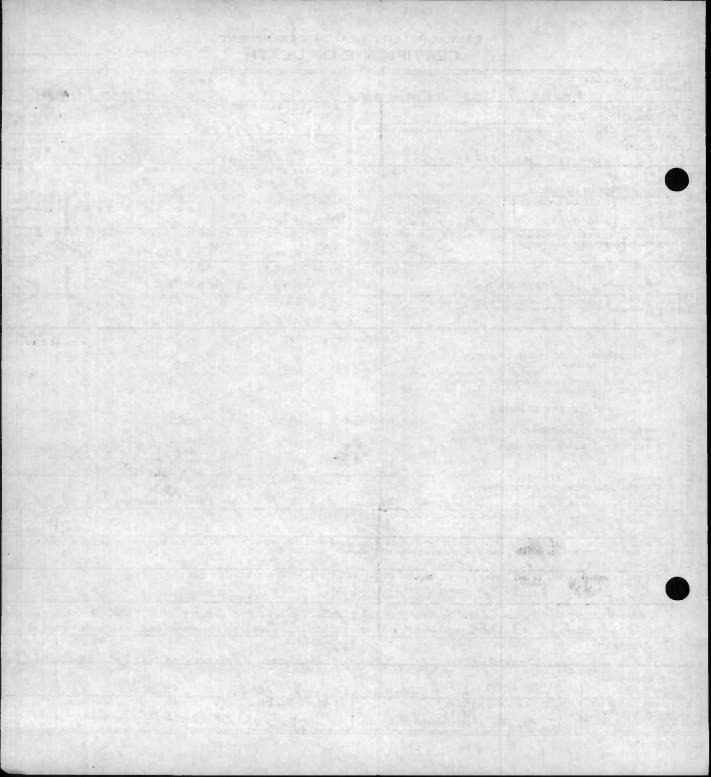


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BALTIMORE CITY HEALTH DEPARTMENT

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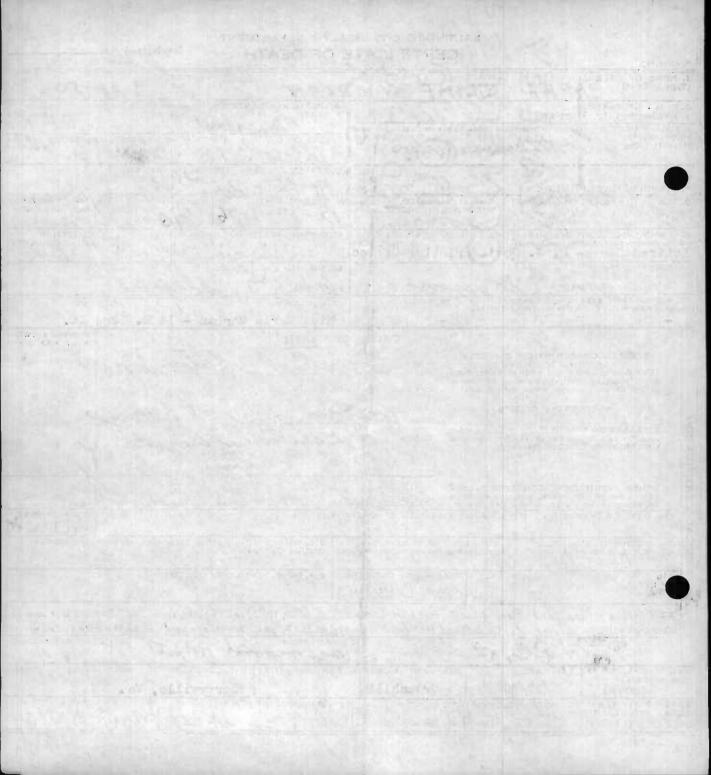
BI	RTH NO.			OLIVIII IOAT			
	NAME OF D	And .	Ayres	Hammon	/	OF Sep	t. 17,1950
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If B. COUNTY	institution : residence before admission)
H	FULL NAME SPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		outside corporate limit	s, write RURAL and give
	Lnies D	1emorial Ho	spita		Baltimor		U township)
C:	ength of s	tay in Baltimore		66 Yrs. Mos. Days	D. STREET ADDRESS (If 2802 Ha)		
_	SEX	6. COLOR OR RACE		E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGF (In years)	Under 1 Year 11 Under 24 Hours Inths: Days Hours Min.
4	M.	white	M	rried	Dec. 17, 1883	66	11000
		CUPATION (Give kind of of worklog life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	1 VE 57	UCK DEALER		STLF	Beltimore, 1	naryland	U.S.A.
13	. FATHER'S		,		14. MOTHER'S MAIDEN N		
_		icis H. Hami			Carolino l	runther	Share Tell
15 (Ye	, no or unknowo)	ED EVER IN U, S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
					W:fc		Ta with
	18. E 9	03.0		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION		0			2
		s not mean the mode are, asthenia, etc. It mes	of dying, e. s	5 · • · · · · · · · · · · · · · · · · ·	remia	***************************************	
		complication which					Al SI DE LA
		ANTECEDENT CAU	SES	2/	1. to 1 p	OW DITHELO ATL	IN IDDORVED BY
O	DISEASES OR CONDITIONS, IF ANY, GIVING						
ATI	RISE TO	THE ABOVE CAUSE (A)	STATING TH			1111	en lacture is a
DI.						MINIC	M. U.
TF		П				STEED CRASS	MEDICAL EXAMINER.
ER		G TO THE DEATH, BUT			ed fall lin	lintateach.	to A days
O		OF OPERATION		FINDINGS OF OPER	RATION		1 20. AUTOPSY?
SAL		lone					YES NO L
EDICA	HOMICIDE	ENT. SUICIDE. (Specify)	21B. PLA	ACE OF INJURY (e. g., i erm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
ME	Accide	ntal Fall		me	2802 K	cartord 10	d
	F INJURY	(Month) (Day) (Year		21E. INJURY OCCURR		Y OCCUR?	
k		t. 14,1950	7 m.	WHILE AT NOT WHILE AT WORK		on a	rug
	22. I herch	y certify that I at	tended the	deccased from 5	pt. 14, 1950 to	Sept. 17, 195	2, that I last saw the
			Z, 1950,		rred at 1153 Pm., from t	the causes and on t	1
	23A. SIGNA	J- 12		. 0	23B. ADDRESS	-01/a	23c, DATE SIGNED Sex 18,195 Or consulty) (State)
2,4	AAJ BURIAL.	CREMA- 24B. DATE	arain	24¢. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, Jown	or county) (State)
	SWUA (pecify)	150	Balonson	Mans.	(Sa Tita	mh
4	ATE RECEIVE		SSIGNATI	DRE C	25 BUNERAL DIRECTOR	1	ADDRESS
L	SEPE 19	1950 Hantie	aton 1/2	llianes, Mrs	Wym. X.Vi	chener V	ino-ballo
=	VS 150		4	7 (1)			IMA.
	VS 150	N 820.0	HELLEN.	2906	7		86a
				~ / 0		/	



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50 8011 Registered No.

В	BIRTH NO.							
(T		CHAMP	Mos		DEATH	18-50.		
	Baltimore City, Maryland	AT LOS DEPOSITORS		4. USUAL RESIDENCE (V	Where deceased lived. If B. COUNTY	f institution : residence before admission)		
H	DSPITAL OR //	espital or institution, give stre	et address or location)	c. CITY OR TOWN / (If	outside corporate limi	ts, wate RURAL and ove		
IN_	STITUTION UNION //	lemonal Na	P.	Balt. 1	F, me	(www.nship)		
	math of store in Politica		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)			
-	sex 6. COLOR OR RA	CE 7. SINGLE MARRIED		8. DATE OF BIRTH		H Under 1 Year II Under 24 Hours		
	3 w	WIDOWED, DIVOR	CED (Specify)	12-18-1876	last birthday) M	onths Days Hours Min.		
WOF	A. USUAL OCCUPATION (Give king done during most of working life, even if ret	ired)	INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
R	etired Clerk- U. S	Gov't Printing	Office	Virginio		USA.		
10	William C	maran		14. MOTHER'S MAIDEN N	AME			
15	. WAS DECEASED EVER IN U. S. AF	RMED FORCES 16. SOCIA		17. INFORMANT	suprera	DDRESS		
(Ye	s, no or nnknown) (If yes, give war or	dates of service SECU	RITY NO.	Miss Maria Morg				
	18. 175 X		CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION		900	11:001	1. 7.	2 - KING		
	(This does not mean the mo heart failure, asthenia, etc. It	de of dying, e.g., (A)	Mu	isumal Us	connection	2. J-rore.		
	injury or complication which	ch caused death.) DUE To	0					
7	ANTECEDENT C	AUSES	Tan	cemoma	of Ounr	4		
5	DISEASES OR CONDITION							
CAJ	UNDERLYING CONDITION		and a	Peritoneal	ampla	no		
F	11	_(C)		a acidea				
ERTI	OTHER SIGNIFICANT CO			. 0 0 7.	0 -			
Ü	TO THE DISEASE OF CONDITION		OF OPER	a Congalue	Mart To	20. AUTOPSY?		
AL	TOX. DATE OF CLERATION	135. MAGOR THESITOS	01 01 210		0	YES NO		
EDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)	21B. PLACE OF INJ about home, farm, factory, str			If in Baltimore City,	give exact location)		
Σ	21D. TIME (Month) (Day) (Y	ear) (Hour) 21E. INJUR	Y OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?			
	FINJURY	m. WHILE AT	NOT WHILE					
	22. I hereby certify that I			4. 11 , 1950 to	lept 18, 193	that I last saw the		
	deceased alive on Sept.	18.19 50 and that o			he causes and on t			
	23a. SIGNATURE W. F.	Cox 32		min permit	Hospertal	9/12/50		
2.	AA. BURIAL, CREMA- 24B. DAT ON, REMOVAL (Specify)	E 24c. NAME	OF CEMETER		OCATION (City, town	n, or county) (State)		
	Removal 9/20)/50 Green	nhill	e od Ber	ryville, Va.			
	DCAL REGISTRAR	AR'S SIGNATURE	44 10	25 JUNERAL DIRECTOR	lance 21	ADDRESS		
_		trigitor Millaule,	ישעורון	JIM. J. W.	muer 1 4h	w coney,		
	VS 150	- A - X - A - A - A	700	4M (06	192 MA.		
			37	///				



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50	8012	BAL	TIMORE CITY HE	ALTH DEPARTMENT	5	0 8012
C34.8	€ 13_€ ×		CERTIFICATE	E OF DEATH	Registered 1	No
BIRTH NO.						
1. NAME OF D (Type or Print)		IE C. I	MOON		of DEATH Sept.	16. 1950
3. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE ()		
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN (II	f outside corporate imi	
U)	3315 Edmonds	n Ave.		Baltimore		(township)
c. Ogth of s	tay in Baltimore		Yrs, Mos. Days	D. STREET ADDRESS (If 3315 Edmondson A		
5. SEX female	6.COLOR OR RACE	WIDOW	E, MARRIED, ED, DIVORCED (Specify)	B. DATE OF BIRTH June 19,1872	9. AGE (In years)	if Under 1 Year on the Days Hours Min.
10A. USUAL OC work done during most Housewi	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
Hill Ca				Unknown		
15. WAS DECEASI	ED EVER IN U, S. ARMEL	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
no			no	Mr. Richard W. C	Carter 2916	Brighton Ave.
(This does	SE OR CONDITION LEADING TO DEAT not mean the mode of	TH f dying, e. s	. Coro	nay throng	bois.	INTERVAL BETWEEN ONSET AND DEATH
injury or	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			is selepotect	ty be lent to	tis. sen
RISE TO T				olived arterism	diais chiper	tension to
OTHER S	II BIGNIFICANT CONDI G TO THE DEATH, BUT	NOT RELATE	D	0		

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION

	20. AUTOPSY?					
	YES		NO L			
ive	exact	locat	ion)			

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or 21c, WHERE DID

	YES		LA	U	_
ve	exact	locati	on)	ī

about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

22. I hereby certify that I attended the deceased from deceased alive on

MEDICAL

WHILE ATT NOT WHILE m. WORK

19 that I last saw the , 19 and that death occurred at 10.10 km., from the causes and on the date stated above.

(If in Baltimore City, g

23A. SIGNATURE

23B. ADDRESS

M. D.

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)

Z4C. NAME OF CEMETERY OF CREMATORY

24D. LOCATION (City, town, or county)

Burial

Loudon Park Cem.

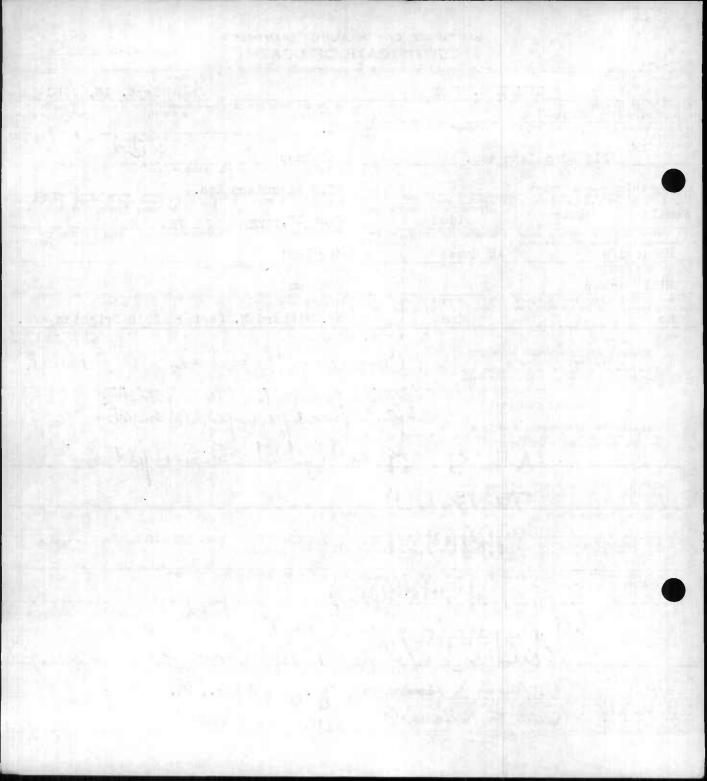
DATE RECEIVED BY LOCAL REGISTRAR

9/19/50 REGISTRAR'S SIGNATURE

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FUNERA

VS 150



6 55° 50 8013

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

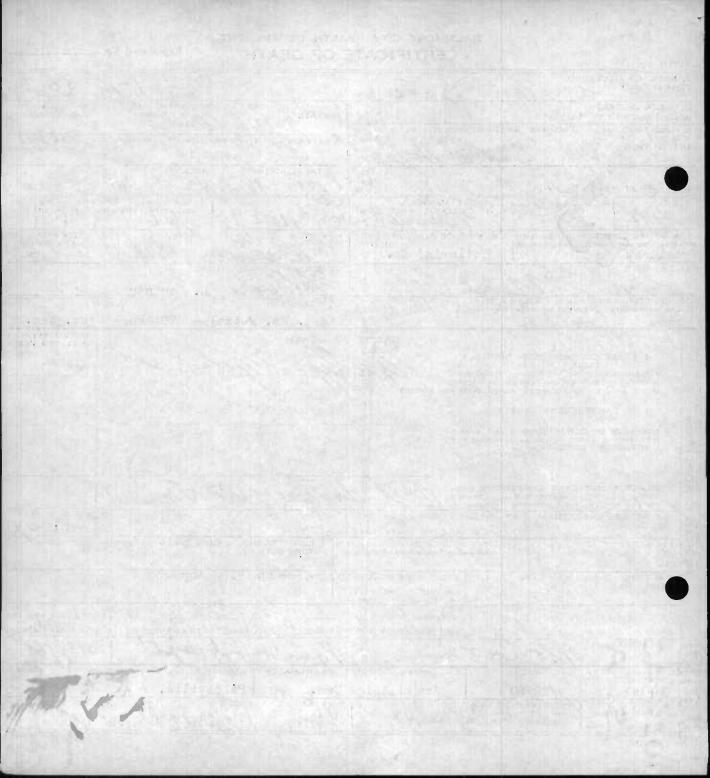
50 8013 Registered No.

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	ELIZABETH FREEMAN		2. DATE OF DEATH S	ept. 17, 1950
s. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospita HOSPITAL OR INSTITUTION 2516 N. Ca	ol or institution, give street address of location			lf institution : residence before admission)
c. Ough of stay in Baltimore	Yrs, Mos. Days	D. STREET ADDRESS (If 2516 N. Calvert		
5. SEX 6. COLOR OR RACE female white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last hirthday)	H Under Year H Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) Practical Nurse	Nursing	Maryland		12. CITIZEN OF WHAT COUNTRY
David A. C. Webester		Sally Cosly	AME	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, oo or uoknowo) (If yes, give wer or dates	FORCES? I6. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mary V. G		ADDRESS N. Calvert St.
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which es ANTECEDENT CAUSI DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST UNDERLYING TO THE DEATH, BUT NOT THE DEATH NOT THE DEAT	as the disease, aused death.) ES ANY, GIVING STATING THE OUE TO (C). (C).	rio-Selvas	beack	pertisson?
TO THE DISEASE OR CONDITION		RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year)	WHILE AT NOT WHILE	RED 21F. HOW DID INJURY		, give exact location)
22. I hereby certify that Latted deceased alive on Alph. 66	ended the deceased from	Sept. 16, 1950, to 1	Left. 19, 19. he causes and on	50, that I last saw the the date stated above
24A. BURIAL, CREMA- TION REMOVAL (Specify) 9/20/50	24c. NAME OF CEMET	ERY OR CREMATORY 24D. L	ocation (City, tow	yn, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR'S SFP 1 9 1950	SEIGNATURE WALLAND	Drm. J. July	ner Y Sai	a Voulto,
VS 150			09	93 d "11a.

3	304	8014

ristered No. 8014

FULL NAME OF (If not in hospital or institution, give street address or INSTITUTION (If the property of the pr	BIRTH NO.	CERTIFICATI	E OF BEATH	
A. Baltimore City, Maryland B. FULL NAME OF ALL NAME O	(Time on Drint)	M METZEL	OF 7-/	8-50.
C. CITY ON JONN C. CITY ON	3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE B. COUNTY	stitution : residence before admission)
S. SEX C. COLOR OR RACE 7. SINGLE MARRIED. Days S. DATE OF BIRTH 9. ACE Up-years Illustration Miles Miles Illustration Miles Illustration Miles Illustration Miles Illustration Miles Miles	HOSPITAL OR			write RURAL and give township)
10. USUAL OCCUPATION (Give Linded) 10. KINQ OF BUSINESS OR INDUSTRY TO SECURITY NO. 10. KINQ OF BUSINESS OR INDUSTRY TO SECURITY NO. 10. KINQ OF BUSINESS OR INDUSTRY TO SECURITY NO. 10. KINQ OF BUSINESS OR INDUSTRY TO SECURITY NO. 10. KINQ OF BUSINESS OR INDUSTRY TO SECURITY NO. 10. KINQ OF BUSINESS OR INDUSTRY TO SECURITY NO. 10. SOCIAL			D. STREET ADDRESS (If rural, give location)	- Appt,
ONLIGHATION (Give kinds of work of both state of both states of the state of		17. SINGLE, MARRIED.	last birthday) Mont	nder I Yest II Under 24 Hours the Days Hours Min.
13. FATHER'S NAME 15. WAS DECASED EVER IN U. S. ARMED FORCES: (Yes, no or usknown) (If yes, give were of dates described) YES WORLD #1 16. SOCIAL SECURITY NO. Mrs. Wm. Metzel - 6701 Park Hgts. Ave. OISEASE OR CONDITION DIRECTLY (This does LEADING TO DEATH (This does Leading at Li ternament) (House of Conditions) ANTECEDENT CAUSE DISEASES OR CONDITIONS IF ANY. GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSE TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS OF OPERATION TO THE DISEASE OR CONDITION CAUSING IT. OTHER DISEASE OR CONDITION CAUSIN		INDUSTRY	11. BIRTHPLACE (State or foreign country) 1	
Was decased by the in u. s. armed profess (New, no or unknown) (If ye, give wer of data before) (If ye, give wer of data before) (New, no or unknown) (If ye, give wer of data before) (New, no or unknown) (If ye, give wer of data before) (New, no or unknown) (If ye, give wer of data before) (New, no or unknown) (If ye, give wer of data before) (New, no or unknown) (If ye, give wer of data before) (New, no or unknown) (If ye, give wer or data before) (New, no or unknown) (If ye, give exact location) (New, no or unknown) (If ye, give exact location) (New, no or unknown) (If ye, give exact location) (New, no or unknown) (If ye, give exact location) (New, no or unknown) (If ye, give exact location) (New, no or unknown) (If ye, give exact location) (New, no year) (Ne	President	Tailoring Co.	Wallemore, Ma	4-814
15. WAS DECEASED EVER IN U.S. ARMED FORCES? WORLD THE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e. s., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e. s., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DUE TO TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. 139. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION 191. PLANELUR OF THE DISEASE OR CONDITION CAUSING IT. 130. DATE OF OPERATION 191. PLANELUR OF THE DISEASE OR CONDITION CAUSING IT. 131. ACCIDENT, SUICIDE. 132. LA ACCIDENT, SUICIDE. 134. DATE OF OPERATION 155. PLACE OF INJURY (e. e., is or 121c. WHERE DID (If in Baltimore City, give exact location) white and boot bown, farm, factory, street, officeble, set.) 135. THE (Month) (Day) (Year) (Hour) 216. INJURY OCCUR? WHILE AT NOT WHILE WORK 15. SCCIALTY NO. Mrs. Wm. Metzel - 6701 Park Egts. Ave. CAUSE OF DEATH ONSET AND DEATH ONSET AND DEATH ON THE DISEASE OR CONDITION DIRECTLY VES NO. 102. AUTOPSY! VES NO. 103. ADATE OF OPERATION 216. FINJURY OCCUR? WHILE AT NOT WHILE WORK 110. TIME (Month) (Day) (Year) (Hour) 217. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 218. ADDRESS 110. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCUR? 124. BURIAL CREMA: 248. DATE 100. REMOVAL (Specify) Burial 9/20/50 Druid Ridge Cem. 124. BURIAL CREMA: 248. DATE 100. REMOVAL (Specify) Burial 9/20/50 Druid Ridge Cem.	Samuel SM	otal	Kall.	
TO THE SIGNIFICANT CONDITION CAUSING 19. DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthening, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING MISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING. TO THE DISEASE OR CONDITION CAUSING. 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 TO THE DISEASE OR CONDITION CAUSING. 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 TO THE DISEASE OR CONDITION CAUSING. 21. ACCIDENT SUICIDE. 19. MAJOR FINDINGS OF OPERATION 21. MAJOR FINDINGS OF OPERATION 22. LAUTOPSY1 TO THE DISEASE OR CONDITION CAUSING AND	15. WAS DECEASED EVER IN U. S. ARME	D PORCES? 16. SOCIAL		DRESS
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216. TIME (Month) (Day) (Year) (Hour) 216. INJURY 217. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from Level 4, 1950, to Level 18, 1950, that I last saw the deceased alive on Level 18, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above. 23a. SIGNATURE 23b. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)	V 9-17-30.		Y	
22. I hereby certify that I attended the deceased from Lend 1950, and that death occurred at 4.45 pm., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL. CREMA- TION, REMOVAL (Specify) Burial 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 4, 1950, to Lend 185, that I last saw the deceased alive on Lend 185, that I last saw the deceased alive on Lend 185, that I last saw the deceased alive on Lend 1850, and that death occurred at 4.45 pm., from the causes and on the date stated above. 23B. ADDRESS Physical 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Pikesville, Md,		about bome, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	e exact location;
22. I hereby certify that I attended the deceased from Sept 4, 190, to Sept 18, 1950, that I last saw the deceased alive on Sept 18, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above. 23a. SIGNATURE T. Cox 3 M. D. 23b. ADDRESS Permind Hespital 23c. DATE SIGNED 23c. DATE SIGNED 24c. NAME OF CEMETERY OF CREMATORY Burial 24b. LOCATION (City, town, or county) (State) Burial 9/20/50 Druid Ridge Cemen (Pikesville, Md,	id. TIME (Month) (Day) (Year,	WHILE AT NOT WHILE		
deceased alive on 15, 1950; and that death occurred at 4:45 pm., from the causes and on the date stated above. 23A. SIGNATURE P. Cox 3 y 23B. ADDRESS N. D. 23B. ADDRESS N. D. 23B. ADDRESS Vinion Previol Hespita 23C. DATE SIGNED 24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 100, REMOVAL (Specify) Burial 9/20/50 Druid Ridge Com. Pikesville, Md.	22 I handha contifu that I at		4 4 1050 to Sent 18 1050	that I last says the
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24a. BURIAL. CREMA- TION. REMOVAL (Specify) Burial 9/20/50 Druid Ridge Com Pikesville, Md			23B. ADDRESS	23C. DATE SIGNED
Burial 9/20/50 Druid Ridge Com Pikesville, Md,				11111
	TION, REMOVAL (Specify)	Control of the Contro		r county) (State)
				ADDRESS of
LOCAL REGISTRAR Thutington Milianis, Mill	LOCAL REGISTRAR	P1111 11 11 11 11 11 11 11 11 11 11 11 1	Olling Village Al Van	Rall
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2904E 055e	VS 150	290	42 1	o ma.



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2	BIRTH NO.	CERTIFICATE	
	1. NAME OF DECEASED M. (Type or Print)	William W. Tu.	rnipseed 2.1
	3. PLACE OF DEATH: A. Baltimore City, Maryland	Baltimere	4. USUAL RESIDENCE (Where
	B. FULL NAME OF (If not in hosp HOSPITAL OR INSTITUTION BON Seco	overs Hospilal.	C. CITY OR TOWN (If outside Dalli more

Registered No. 8015

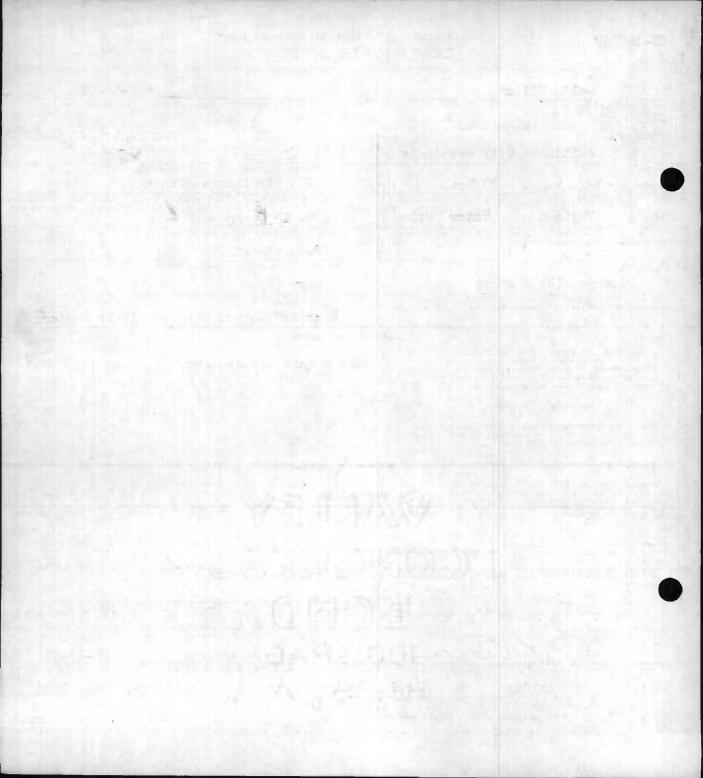
1. (T	NAME OF DE	MA.	Willia	un W. To	rnipseed		OF 9-	18-	50
A.	PLACE OF DE Baltimore C	ity, Maryland	Balt.	mone	A. USUAL RESIDE	NCE (Where	deceased lived, 1: B. COUNTY		n: residence forc admission)
HO	ADJEAL OD	Bon Secol		on, give street address o		,	ide corporate Mm	ts, wrigh	and give township)
C.	Length of st	ay in Baltimore		Yrs. Mos. Days	824 N.	/	erne H	ve.	
5.	Male	While	MOOM	MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRTH	9.	AGE (In years last birthday) M	ft Under 1 Year onths Day	B Under 24 Hours Hoors Min.
10 work	A. USUAL OCC. denduring most of	CUPATION (Give kind of f working life even if retired)	BETHLE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St		n country)	12. CITI WHA	ZEN OF AT COUNTRY?
13	FATHER'S N		100/1/22	WENT DIEET	14. MOTHER'S MAI	DEN NAME		-1.2	
		HELL TUR			ADA HOO	DIEN	,		
(Ye	, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	4
	No			215-09-484	MARY TURM	PSEED,	824 N. LU	ZERNE	THE RVAL BETWEEN
CERTIFICATION	(This does heart failure in jury or DISEASES RISE TO TOUNDERLY OTHER STRIBUTING	I E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAUS SOR CONDITIONS, HE ABOVE CAUSE (A) PING CONDITION L II III III III III III III III III I	TH of dying, e. g ans the disease caused death SES IF ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE	(B) (C)	of death partinsu oumatic	/	t disc.	<i>S</i> &	ET AND DEATH
AL	19a. DATE O	F OPERATION		FINDINGS OF OPE	A SECURITY			YES	AUTOPSY?
MEDICA	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)	about home, f	CE OF INJURY (e. g., arm,factory,street,office bldg	.,etc.) INJURY OCCUF	R?	Baltimore City,	give exac	t location)
	ID. TIME (Month) (Day) (Year		WHILE AT NOT WHILE WORK AT WORK	E	INJURY O	CCUR?		
	22. I hereby deceased al 23A. SIGNAT		tended the	deceased from and that death occur	1950 urred at 8.15 qm., 238. ADDRESS	,	auses and on	the date	l last saw the stated above. DATE SIGNED 18 -5
2. T!	4A. BURIAL, CON, REMOVAL (S	REMA 24B. DATE	21-50	Baltim	ery or CREMATORY		VION (City, tow	n, of count;	y) (State)
NOL	ATE RECEIVE	RAR REGISTRAL	SSIGNATI	Me Miliams, M	WE Cook	ector Inc.	1217 09	Parl	
	VS 150	1	A.D. A	TUU 2			09	75-1	/_

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HO 50 8016 BALTIMORE CITY HEALTH DEPARTMENT

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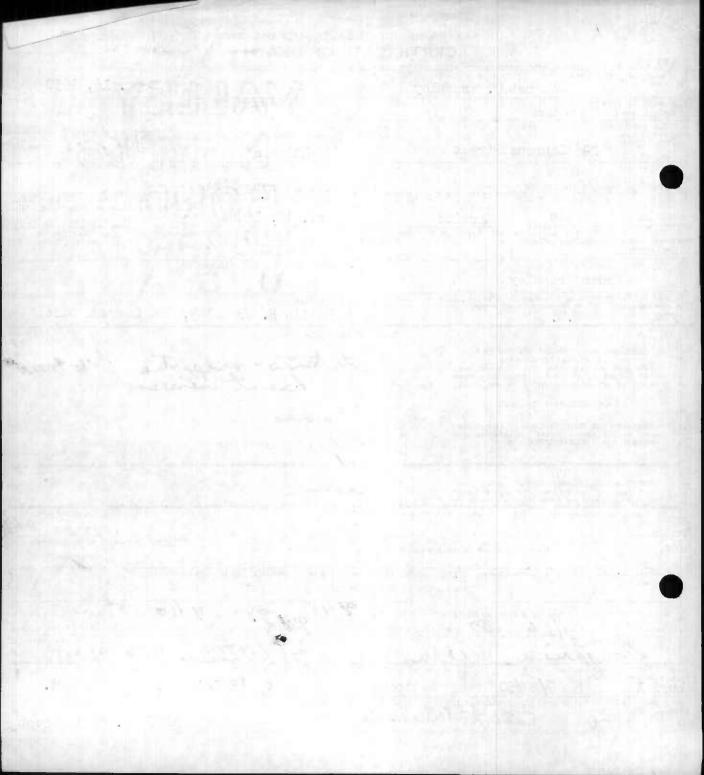
BIRTH NO.			CERTIFICAT	E OF DEATH	registereu .	
1. NAME OF (Type or Print)		er			2. DATE OF DEATH 9-1	17-50
	City, Maryland			A. STATE	(Where deceased lived. If	
B. FULL NAME HOSPITAL OR INSTITUTION	Baltimore (on, give street address o location spitals		(If outside corporate) mi	ts, write Rath and give township)
ength of	stay in Baltimore	83 Yrs	Yrs. Mos. Days	D. STREET ADDRESS 3111 Strath	more Avenue	
Female	6. COLOR OR RACE White	WIDOW		7000		H Under 1 Year on the Days Hours Min.
work done during mos	CCUPATION (Give kind of tof working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	Pennsylvania		12. CITIZEN OF WHAT COUNTRY
	oerge (D) Sr	•		Mary (D)	NAME	
15. WAS DECEA (Yes, no or unknown	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records* Balto	city Hospita	address 4940
(This do	ISE OR CONDITION LEADING TO DEA's se not mean the mode of ure, asthenia, etc. It mea r complication which of	TH of dying, e.g. ns the disease	Ce ₃	OF DEATH	cident	ONSET AND DEATH
RISE TO	ANTECEDENT CAUSES OR CONDITIONS, III THE ABOVE CAUSE (A) LYING CONDITION LA	F ANY, GIVING	(B) G E DUE TO (C)			
M TRIBUTIN	SIGNIFICANT CONDI	NOT RELATE	Hypertens	sion	Many Yrs.	
19A. DATE			FINDINGS OF OPE	RATION		20. AUTOPSY?
LYING CAUSE OF	DENT WAS UNDER- DR CONTRIBUTING		CE OF INJURY (e. g., arm, factory, street, office bldg.		(If in Baltimore City,	give exact location)
21D. TIME	(Month) (Day) (Year)		HILE AT NOT WHILE WORK		URY OCCUR?	
22. I here deceased of 23A. SIGNA			deceased from and that death occu	23B. ADDRESS	m the causes and on t	the date stated above
24A. BURIAL. TION, REMOVAL		2		4940 Eastern Agery CREMATORY 241	venue b. Location (City, town Baltimore,	19-17-50
DATE RECEIV LOCAL REGIS		SSIGNATU		25. JUNERAL DIRECTO		Paul Street
VS 150	15-tan-	18 Mary 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the			083a



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BALTIMORE CITY HEALTH DEPARTMENT

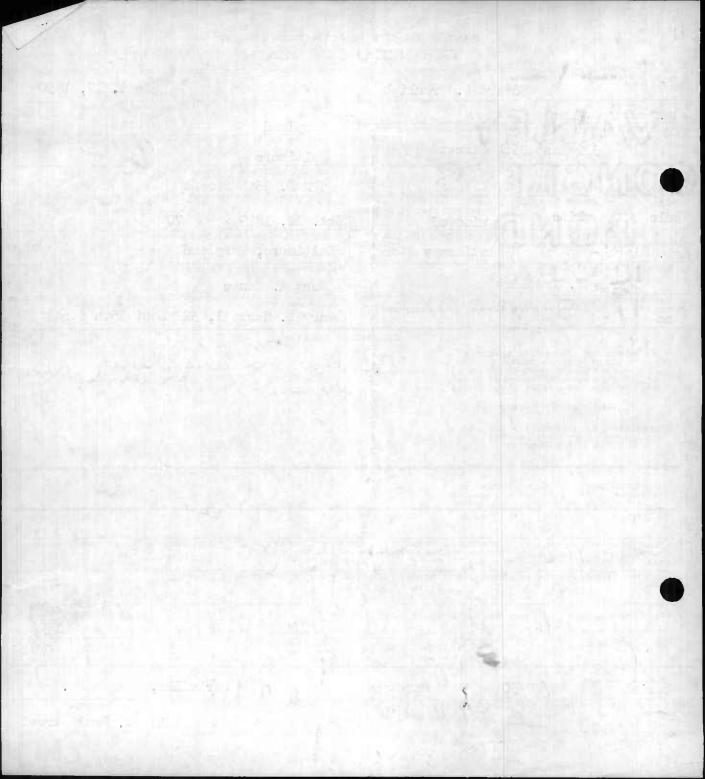
BIRTH NO. CERTIFICATE OF DEATH Registe	ered No.
1. NAME OF DECEASED (Type or Print) August C. Trombley 2. DATE OF DEATH	ept. 16, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased liverage of the second	ved. If institution : residence
B. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION 206 Laurens Street Maryland C. CITY OR TOWN Bältimore	te limits, write DURAL and give township)
Yrs. D. STREET ADDRESS (If rural, give location	ion)
c. Angth of stay in Baltimore Days 206 Laurens Street 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. 8. DATE OF BIRTH 9. AGE (In yet)	marci H. Hadas I. Vans M. Hd., Co. II
male white Married Oct. 16, 1888 61	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of orking of done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) INDUSTRY Michigan	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Medor Trombley 14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yee, give war or dates of service) Yes W. W. I 17. INFORMANT SECURITY NO. Mattie H. Trombley, 206	ADDRESS Laurens Street
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, ctc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	69mms
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore of INJURY OCCUR?)	City, give exact location)
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK	
deceased alive on 3/1 6 , 1900 and that death occurred at 1.00 fm., from the causes and	195, that I last saw the lon the date stated above.
General Weller M.O. 2030 Cl Elkow ar	~ 9/18/SU
24A. BURIAL. CREMA- TION. REMOVAL (Specify) burial 9/20/50 National Baltimere,	town, or county) (State)
DATE RECEIVED BY PEGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS St. Paul Street
vs 150 4906C	093d

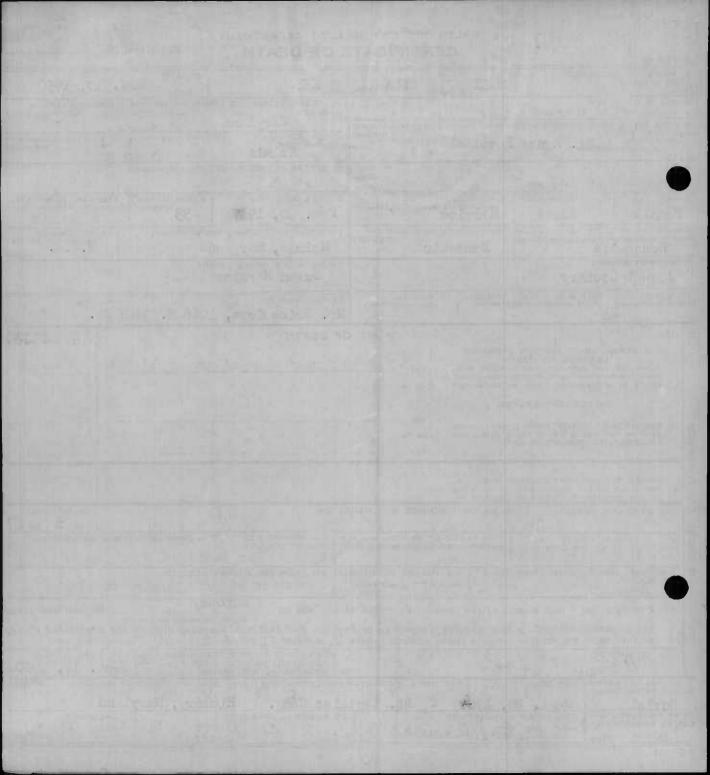


BALTIMORE CITY HEALTH DEPARTMENT

RI	RTH NO.	003/3		CERTIFICAT	E OF DEATH	Registered	No	ouis_
1.	NAME OF D		ward L.	Treulieb		2. DATE OF Sept	. 17,	1950
B. HC	PLACE OF D Baltimore C FULL NAME OSPITAL OR STITUTION	lity, Maryland		ion, give street address or location)	C. CITY OR TOWN		b	efore admission)
c.	ngth of s	tay in Baltimore		Yrs. Mos. Days	Baltimore D. STREET ADDRESS (1) 522 E. 35th S			
1	sex male	6. COLOR OR RACE	widow	E. MARRIED. ED, DIVORCED (Specify) WED	Oct. 12, 1879	9. AGE (in years last birthday) M	ff Under 1 Year Ionths Da	
R	a. USUAL OC done during most et. Cler		Statio	of Business or nary Store		yland	12. CIT WH	IZEN OF IAT COUNTRY?
13		ge P. Treuli	.e b		Mary A. Kampe			
15 (Ye	. WAS DECEASE , oo or uoknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	Mary L. Gorwel	1, 522 East 3	ADDRESS 35th S	treet
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO,T UNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of the complication which is one complication which	F H f dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING THE STATI	(A)	dis-balle Lisese	ele-ren	lons	ET AND DEATH
U		F OPERATION		FINDINGS OF OPER	RATION		20 YE	D. AUTOPSY?
deceased alive on 1-16-7,1950, and that death occurred at 2:55 m., from the causes and on the						give exactly that the date	et location) I last saw the	
	A. BURIAL (S ON, REMOVAL (S DURIAL	REMA-{ 248, DATE	var	M. D. 244 NAME OF CEMETE Parkwood	36 Torto	LOCATION (City, town	n, or count	1850
D.	SFP 19		SSIGNAT	Milliams, M.	Wm. Cook In		Paul	
	VS 150	25% + %1.	- Making	A Carpetter of the Control of the Co				

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8020 Registered No.

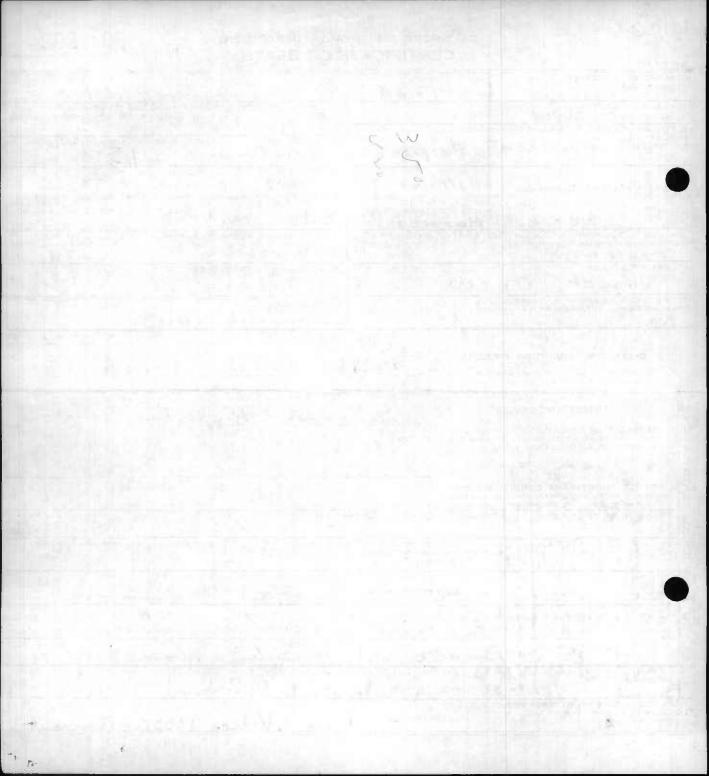
BIRTH NO.		
. NAME OF DECEASED Type or Print)	2. DATE	
Mrs. Fannie May Barnhar	rt DEATH September 17, 19	<u>50</u>
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission	
FULL NAME OF (If not in hospital or institution, give street address	Maryland ,	
HOSPITAL OR Ardleigh Nursing Home location	C. Citi Cit I Citit (In Catalac Conforme In the International Conformation Conforma	
2075 Rockrose Avenue	Baltimore	np)
Yrs	s. O. STREET ADDRESS (If rural, give location)	
E. Dength of stay in Baltimore 60 years Day		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 He	SING
Female White Widow Widow	March 7, 1863 last birthday) Months Days Hours Mi	in.
OA. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR		_
ork done during most of working life, even if retired) At Hone INDUSTE	'RY WHAT COUNTR	YY:
3. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME	_
Joseph E. Smith	Ann S. Gloss	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO.	D. 17. INFORMANT ADDRESS	
INO and and	Miss Minnie Smith 3527 Roland Avenue	
18. 334 X , CAUSE	E OF DEATH INTERVAL BETWE ONSET AND DEA	EN
DISEASE OR CONDITION DIRECTLY		
(This does not mean the mode of dying, e.g., (A)	chal & generalized &	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	utico/school	*****
	nuly return	
ANTECEDENT CAUSES	nteris oclassis and	
DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	hand one of I tent	
(C)		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OP	PERATION 20. AUTOPSY	?
	YES NO	L
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bld	g., in or 21C. WHERE DID (If in Baltimore City, give exact location)	
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP	RRED 21F, HOW DID INJURY OCCUR?	_
INJURY WHILE AT NOT WHI		
m. WORK AT WOR		_
22. I hereby certify that I attended the deceased from	1950, to Seff 17, 195 that I last saw	
	curred at 10 P. m., from the causes and on the date stated abo	
23A. SIGNATURE WATER M.D.	3429 Chestrut An aff-18	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEME TON, REMOVAL (Specify)	ETERY OR CREMATORY 240. LOCATION (City, town, or county) (State	.e)
Burial Sept. 20, 1950 St Mary's	(Hampden) Baltimore, Maryland	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FONERAL DIRECTOR ADDRESS	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Burgee Funeral Home 3631 Falls Road	
VS 150	7	
V3 130	NATARO Y A JURALL	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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В	IRTH NO.			CERTIFICATI	E OF DEATH	neg istereu	110.
(1	. NAME OF DE Type or Print)	Ruth	Ga	rland		2. DATE OF DEATH	1/14/50
	. PLACE OF DE	EATH: ity, Maryland			4. USUAL RESIDENCE	Where deceased lived. B. COUNTY	If institution; residence before admission
В.	FULL NAME (OF (If not in hospit		ion, give street address or	Marylas	n d	
	NSTITUTION	Provide	nt th	tosp. tal	Baltime	f outside corporate lin	nits write UR Und give township
		ay in Baltimore	,	Yrs. Mos. Days	D. STREET ADDRESS (IF 1829 K	rural, give location)	1 54
5	SEX	6. COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	It Under 1 Year It Under 24 Hours Months: Days Hours: Min.
-	+	Negro		rried	Oct. 16, 1911	38	
wor	k done during most of	CUPATION (Give kind of f working life even if retired)	IOB. KIND	O OF BUSINESS OR INDUSTRY	Uirgini	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S N	1 4/			14. MOTHER'S MAIDEN N	AME	
		eph M	arri		Luci	4 3	
15 (Ye	5. WAS DECEASE 88, no or unknown)	D EVER IN U. S. ARMEI (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	chart	ADDRESS
	18. 331	*		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mes	TH of dying, e. 1	E., (A) Cere	bro vascula	r Accide	nt 8 hrs
ERTIFICATION	DISEASES RISE TO TH UNDERLY	ANTECEDENT CAUS OR CONDITIONS, IN ABOVE CAUSE (A) ING CONDITION LA	F ANY, GIVIN STATING TH AST.	(C)	gnant Hy	pertensi	on 4475
CEI	TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED .			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	21a. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	about home,	CE OF INJURY (e. g., in large, factory, street, office bldg., e	or 21c. WHERE DID (stc.) INJURY OCCUR?	If in Baltimore City	, give exact location)
-	21D. TIME () F INJURY	Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
				deceased from Se	pt 14, 19 59 to red at 4:00 Pm., from t		So, that I last saw the
	23A. SIGNAT				38. ADDRESS		23c. DATE SIGNED
11	ON, REMOVAL (SI	pecify)	- 50	24C. NAME OF CEMETER	RY OR CREMATORY 24D. L	LOCATION (City, tow	n, or county) (State)
	ATE RECEIVED	PAR Lines At	SEIGNAT	RE LIGHT MEN	25 FUNEFAL DIRECTOR	1303 Pre	ADDRESS
300	VS 150	1 Septembre		A Property Control			0832

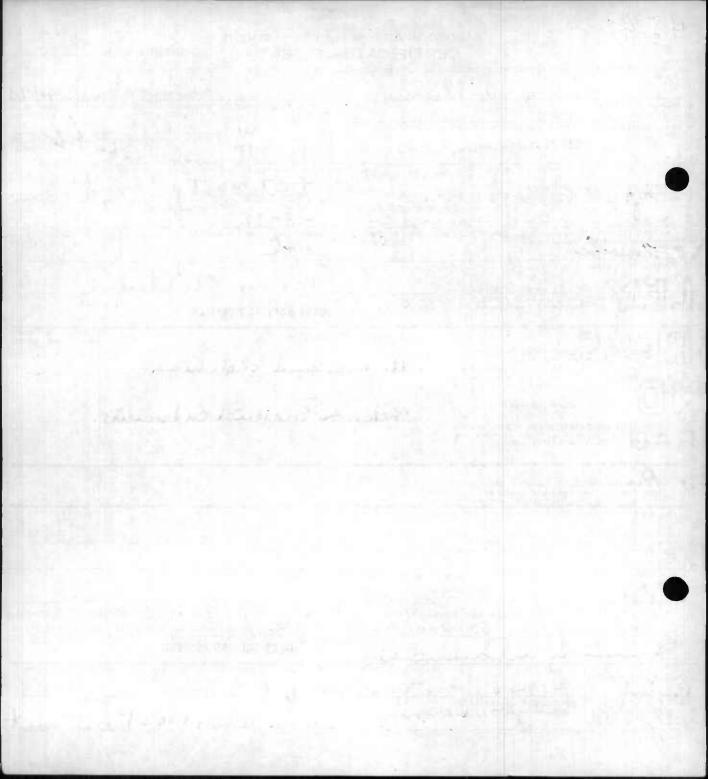


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8022

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF SOLITOR
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (If NOT INSTITUTION) 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) C. CITY OR TOWN (If outside corporate limits writes the Land give township)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
Female Calard 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Year Months: Days Hours Min. 7-8-98 9. AGE (In years It Under I Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork door during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	Many Chisholm
Yes, no or uokoowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.	ic and cholinic
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY m. WHILE AT NOT WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from deceased alive on 14, 1950, and that death occur 2. SIGNATURE 24B. DATE 24C. NAME OF CEMETER 100N, REMOVAL (Specify)	38. ADDRESS NOPENS HOSPITAL 23C. DATE SIGNED
TOTAL TOPICAL	County, County, County, County, County, County,
PATE RECEIVED BY PROTECTION THE COLUMN THE C	June 12 tomal ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS

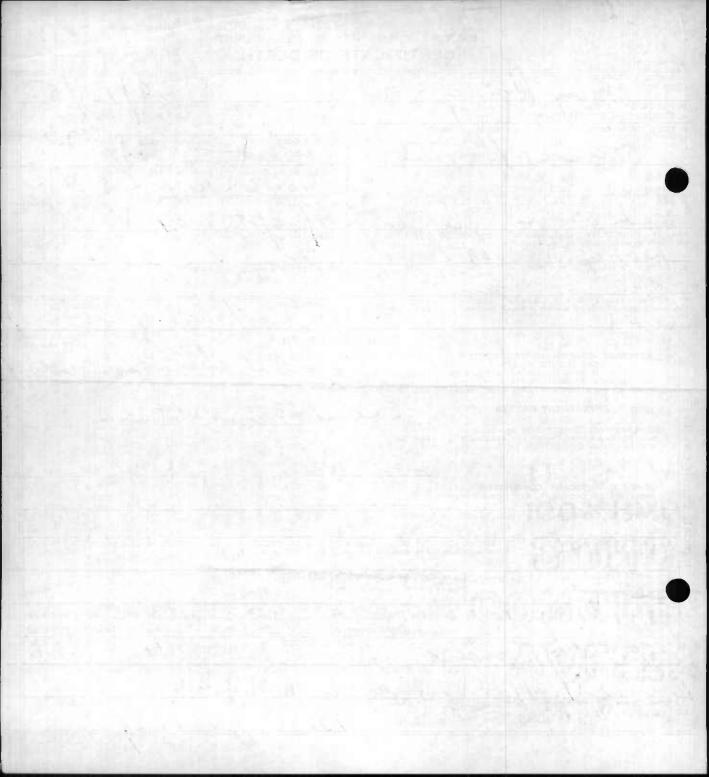


BALTIMORE CITY HEALTH DEPARTMENT

50 8023

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limit, write at PA, and give C. CITY OR TOWN INSTITUTION township) Yrs. O. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 4. /le our Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) WIDOWED, DIVORCED (Specify last birthday) | Months: Days | Hours: Min. 108. KIND OF BUSINESS OF 10A. USUAL OCCUPATION (Give kind of RTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life examifretired) INDUSTRY WHAT COUNTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 331 X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE 18. 19 5 that I last saw the 1950 to_ 22. I hereby certify that I attended the deceased from. 30 pm., from the causes and on the date stated above. 23A. SONATORE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or equity) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECT ADDRESS VS 150

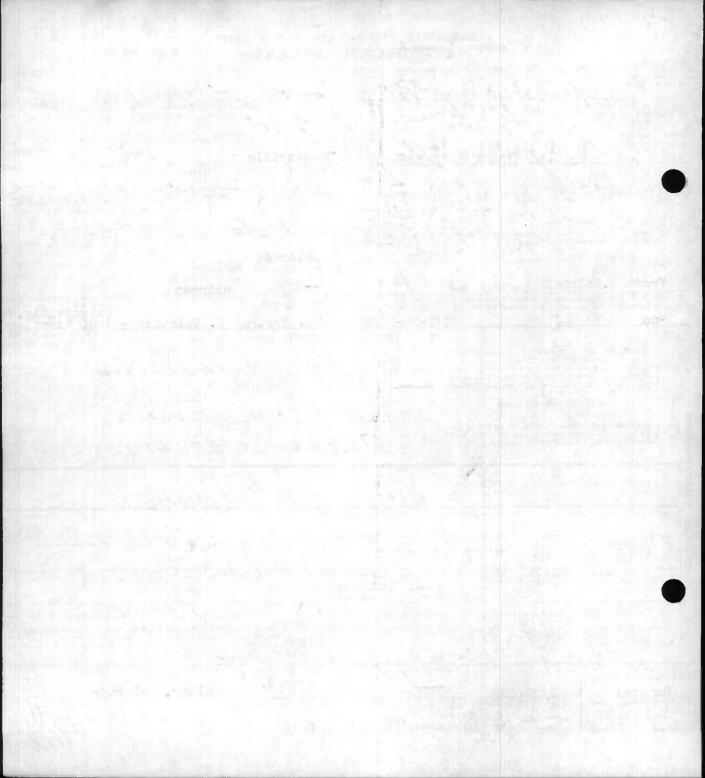
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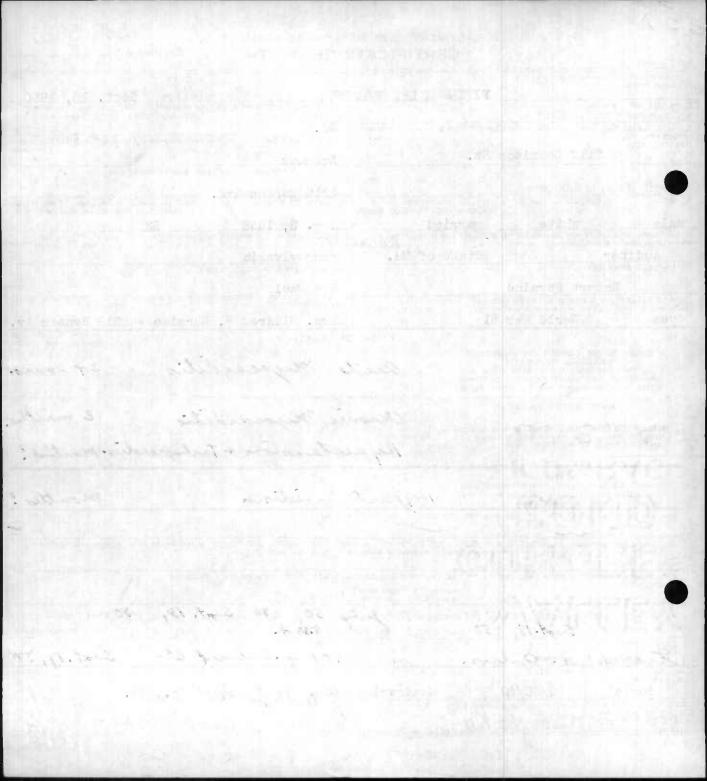


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BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

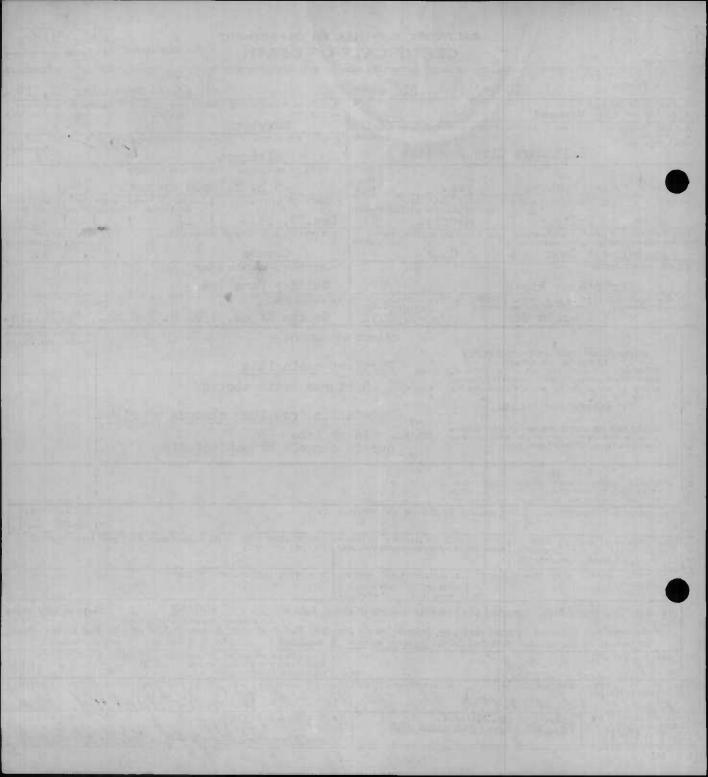
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BI	RTH NO.			CERTIFICAT	E OF BEATH	/ magneticu	
	NAME OF D	ECEASED				2. DATE	
(1)	ype or Print)		FITZ	HUGH LEE NORM	INE	OF DEATH Se	ent. 18 1950
A.		City, Maryland			4. USUAL RESIDENCE (WE A. STATE	B. COUNTY	before admission)
HC	SPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)		Dalt,	its, write RURAL and give
IN	STITUTION	2117 Dennis	on St.		Brbutus	acorde corporate mil	township)
				Yrs.	D. STREET ADDRESS (lf ri	ural, give location)	-
C	ngth of s	tay in Baltimore		Mos. Days	5219 Benson Ave.		300
5.	SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years	If Under Year If Under 24 Hours Ionths: Days Hours: Min.
	nale	white.		ried	Aug. 3, 1898	52	John Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or for		12. CITIZEN OF
	Audit		Sta	industry	Pennsylvania		WHAT COUNTRY
13.	FATHER'S			100 01 1100	14. MOTHER'S MAIDEN NA	ME	
		Robert Normin	е		Eva Maul		
15	. WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(100	yes	World Wa		SECURITY NO.	Mrs. Mildred H.		
	18. 44:	X V		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This does	not mean the mode of	TH of dying, e. s	. a acci	te myocard	letis	24 hours.
	heart failu	re, asthenia, etc. It mea	ns the diseas				
7	ANTECEDENT CAUSES				in marcal	-t.	2 months
Ó		OR CONDITIONS, I		IG	in Myocard		
A		HE ABOVE CAUSE (A) ING CONDITION LA		IE DUE TO	entension + 7	- dimend	20 41 2
RTIFICATION	of the same			(C)	word of	Company the American	Marina
=		11		ERFEIN RIV.	HER STREET, ST		
Ш	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	D Herner t	hypoidism		man H. 3
U ,		F OPERATION		FINDINGS OF OPER			L 20 MUTORSY2
A	ISA, DATE C	OF OPERATION O	9B. MAJOR	FINDINGS OF OPER	MITON		20. AUTOPSY?
EDICA	21A. ACCID	ENT WAS UNDER-		CE OF INJURY (e. g., i		in Baltimore City,	give exact location)
MED.	LYING OF	R CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg.,	otc.) INJURY OCCUR?		
	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from 2	ly 30, 1950, to Sey	7. 18, 195	o, that I last saw the
					red at 30 A.m., from th		
ľ	23A. SIGNA			1 2	38 ADDRESS		23c. DATE SIGNED
_ (Fran	de n. Ox	den.	м. D.	2701 u. Calver	+ W-	Sept. 19, 50
24	A. BURIAL. ON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, tow	n, or county) (State)
	Buris		50	Meadowridg	e Cema On A Howa	rd Co. Md.	0 1
	TE RECEIVE		SIGNATU		79 FUNERAL DIRECTOR	1/1/	ADDRESS
	SEP 19	1950 tuesta	100 KIII	Carrie Man	W/m. Llake	cer Tslu	s-Vally
	VS 150	4		111	1 / //		IMA.
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BIRTH	NO.
1. NA	ME OF DECE

U 802			CERTIFICAT	E OF DEATH	Registere		()131-1
1. NAME OF E	DECEASED				2. DATE		
(Type or Print)	NI	CK	RIGAS		DEATH Se	ptember	14, 1950
3. PLACE OF E	City, Maryland			4. USUAL RESIDENCE (V		If institution	
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)			-	
INSTITUTION	Dallimana	O4 4 II	The second second		outside corporate	mil) wytto in	RAL and give township)
31	Baltimore	City n		Baltimore			
			Yrs. Mos.	D. STREET ADDRESS (If			
	stay in Baltimore	4 yr	S. Days		wood Avenue		
5. SEX	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Days	Hours Min.
Male	White		rried	Dec. 3, 1903	47		
	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITI2	ZEN OF
Restau	rant Cook		Cook	Greece			S. A.
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N.	AME	1	
Ch:	ristolas Riga	S		Kalliep Paradis	se		
	ED EVER IN U. S. ARMEL	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
1 ca, no or unanown)	2 World Wa		064-07-1172	George Rigas,	1302 N. 2nd		nila. Pa.
18. 50	Lx		CALICE	OF DEATH			RVAL BETWEEN
7	© / I		CAUSE	OF DEATH		ONSE	T AND DEATH
	SE OR CONDITION LEADING TO DEA	TH	Pumil	ent meningitis			
(This doe	s not mean the mode oure, asthenia, etc. It mea	of dying, c. g ns the disease	, , , , , , , , , , , , , , , , , , , ,	***************************************	*************************		************************
injury or	complication which	eaused death.	DUE TO KU	ptured brain absc	ess		
	ANTECEDENT CAUS	ES	Watat	atio from long of	h===== -£	- alask	
DISFASE	S OR CONDITIONS, I	F ANY GIVIN	a ()	astic from lung al	oscess of r	Ignu	
RISE TO	THE ABOVE CAUSE (A)	STATING TH	E RABBAY TO	ver lobe			
K ONDERL	TING CONDITION LA	.51.	(c) Que to	chronic bronchie	ectasis		******************
	11						
	SIGNIFICANT CONDI					100	
	SEASE OR CONDITION						***************************************
19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. YES	AUTOPSY7
	NAL CAUSE WAS		CE OF INJURY (e. g., i		f in Baltimore City	, give exact	location)
	G OR CONTRIB-	anout nome, is	is mitaceot à est coe outre page.	MSORT OCCORT			
	(Month) (Day) (Year)	(Hour) 2	LE. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
F INJURY		m. w	HILE AT NOT WHILE				
22 Locuti	for these I tools also			hous hold an Al	itopsy	4 %	
ZZ. I certi	jy that I took char	ge of the	remains described o	0000, 10000 010	Inspection or Inquir		n and from
the ev	idence obtained by	said Auto	psy, Inspection or 1	nquiry, find that said de	eccased died on	the day st	tated above,
23A. SIGNA		resuitea ji	rom: <u>naturat eause</u> :	2 X, accident □, suicide		23c. DATE S	
234. 31914	11/200	1		ASSISTANT MEDICAL	EXAMINER	Sept.]	
24A. BURIAL,	CREMA- 248 DATE	0 12		.D. MEDICAL INVESTIGAT RY OR CREMATORY 240. L			
TION, REMOVAL (S	Specify)	= 19cm	4.6	a. 16 18/10	do do	10101	he I
DATE RECEIVE	D BY PECICIPAD	CACIONATA	PE LI	25 FUNERAL DIRECTOR	war. Ind	ADORES	I HOLE
LOCAL REGIST	RAR REGISTRAR		LALLE, MILL	(La) () (A)	11	/ / / /	0.11
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			13 7 01				



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BALTIMORE CITY HEALTH DEPARTMENT

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Registered No .__ CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH SE 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived/If institution : residence A. Baltimore City, Maryland B. COUNTY beforemdmission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore WASHINGton Days 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE AGE (In years) | H Under 1 Year | H Under 24 Hours last birthday) | Months; Days | Hours | Min. 9. AGE (In years) WIDOWED, DIVORCED (Specify) MIDOWED 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY STORE KEEPER VARIETIES 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. NONE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE 22. I hereby ecrtify that I attended the deceased from Much . 19 0 to 9/18/50, 19 , that I last saw the 1599 deceased alive on. and that death occurred at___ m., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURYAL, CREMA-TION, REMOVAL (Specify) BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

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BALTIMORE CITY HEALTH DEPARTMENT

50 8028

В	IRTH NO.			CERTIFICATI	E OF DEATH	Registered I	No.
1.	NAME OF D Type or Print)	CHARLE	= \$	B ScHo	L Z	2. DATE OF DEATH	Sept 50
A.		City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution : residence before admission
	FULL NAME OSPITAL OR ISTITUTION		tal or institut	cion, give street address or location)	c. CITY OR TOWN (I	f outside corporate limit	ts, write RURAL and give township
2	ength of s	tay in Baltimore		Yrs. Mos. Days	b. STREET ADDRESS (II	rural, give location) nklintowh Rd.	
5	male	6. COLOR OR RACE	7. SINGLI WIDOW	E, MARRIED, VED, DIVORCED (Specify) Married	6/10/1873	9. AGE (In years last birthday) Mo	onths Days Hours Min.
Re	etired Wa		108, KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1		12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S 1				14. MOTHER'S MAIDEN N	IAME	
15 (Ye	5. WAS DECEASI	1chard Schol: ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	Unknown 17. INFORMANT	A	DDRESS
(Xx Yes	Span. Ame	1	None	Elmer L. Schol	lz Ab	оте
ERTIFICATION	OISEASE DISEASE DISEASE RISE TO T	SE OR CONDITION LEADING TO DEA s not mean the mode are, asthenia, etc. It me complication which ANTECEDENT CAUSE SOR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	TH of dying, e, ans the diseas caused death SES IF ANY, GIVII STATING TI	g, (A) Cereb se, h.) DUE TO mark	ral throms led arteriose lio-voscula	losis lerolii r deison	
CERTIF	TRIBUTING	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION	NOT RELAT	ŁO	ATION		20. AUTOPSY?
AL	TONI BATE C	O ZMATION O	JOB: MAGOR	THE HOS OF SER	ATTOM		YES NO
MEDICAL	HOMICIDE	ENT. SUICIDE, (Specify) (Month) (Day) (Year	about home,	ACE OF INJURY (e. g., in farm, factory, etreet, office bldg., e	tc.) INJURY OCCUR?	If in Baltimore City, a	give exact location)
	22. I hereb	y certify that hat	tended the	deceased from 2	aug 1950 to	19 Levet 193	that I last saw the
	deceased at	live on 18 Aga	, 19 50	and that death occur		//	he date stated above
	238. SIGNA	H. Wen	min 9	M. O. 6	601 Winance	, Way	19 Sept 50
TI	ON REMOVAL (S	Suft 2	1, 1950	Balta N &	tignet 2 Bu	lto. City	
CASO	ATE RECEIVE	REDISTRAF	- 0///	auli, Mills	Fredh, a.	rle, 1913 l	D. Publo 14
_		- 53					

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Per. M. L. Peach

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. The state of the work a see a see

23% DATE SIGNED 23A. SIGNATURE

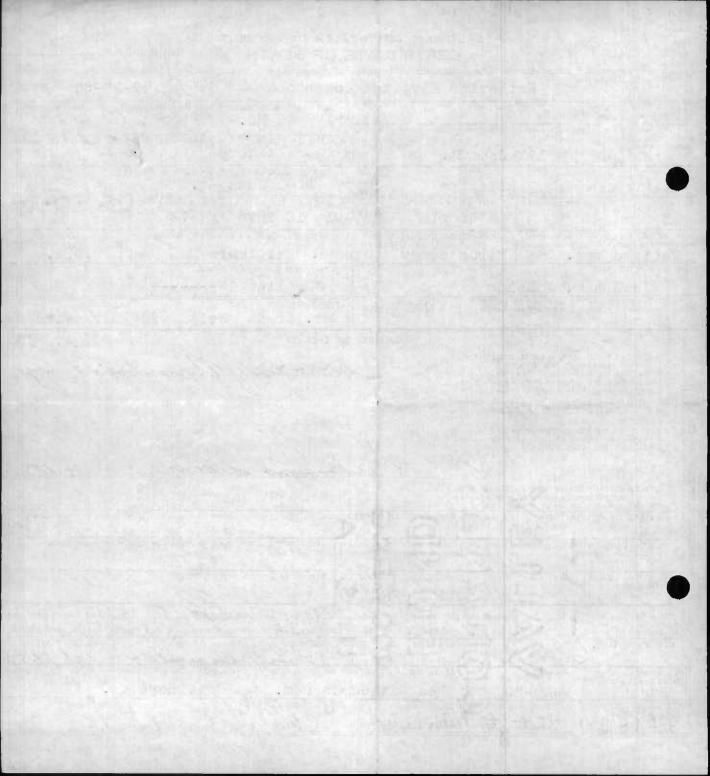
24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) New Cathedral Cem. Baltimore Md. Burial 9 - 20 - 50ADDRESS

25 FUNERAL DIRECTOR DATE RECEIVED BY

VS 150 2906 A

24B. DATE



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8030 Registered No.

BI	RTH NO.						
	NAME OF E	DECEASED The	mas	Jones	Ju.	OF DEATH	5-1950
	PLACE OF D Baltimore	City, Maryland	Balto.	City	4. USUAL RESIDENCE (VA. STATE		stitution: residence before admission)
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hosp	tal or institution	on, give street address o location		outside corporate lights	write RI RAL and give
	00	20 Son	rerse	& sst	Beltimor	- 10	township)
	ength of s	stay in Baltimore	In w	Yrs. Mos.	021 1000	rural, give location)	h
5.	SEX	6. COLOR OR RACE		Days	8. DATE/OF BIRTH	9. AGE (in years Hu	nder I Year Il Under 24 Hours hs: Days Hours : Min.
10	Tile.	CUPATION (Give kinds	mor	viid	0/3/1704	46	
work	done print most	of working life, even if retired	COLLEGE TO SERVING	OF BUSINESS OR	T. BIRTHPLACE (State or	oreign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHERS		The same	-cerco P	14. MOTHER'S MAIDEN N	AME	1.3.77
1 5	WAS DECEAS	ones)	tre.)	mary	7	
(Ye	, no or unknown)	ED EVER IN U, S. ARMA (If yes, give war or dai	es of service)	16. SOCIAL SECURITY NO.	IP: NFORMANT	nes 82 a L	DRESS TS
	18. 150	+x		CAUSE	OF DEATH	120/12	INTERVAL BETWEEN
		SE OR CONDITION	ATH	0.4	inuma - y	. +	1
	heart failt	s not mean the mode are, asthenia, etc. It me complication which	ans the disease,			cutury	77
		ANTECEDENT CAU	SES				
NOL		S OR CONDITIONS,				•••••••••••••••••••••••••••••••••••••••	
<		THE ABOVE CAUSE (A YING CONDITION L		(C)			
RTIFIC		П					
CERT	TRIBUTING	SIGNIFICANT CONE TO THE CEATH, BUT	NOT RELATED				
7	PA. DATE	OF OPERATION O	19B. MAJOR	FINDINGS OF OPE	RATION	it olenth.	20. AUTOPSY?
EDICA		ENT WAS UNDER-	2 . 2 . 2	CE OF INJURY (e. g., rm, factory, street, office bldg.		If in Baltimore City, giv	re exact location)
ME	CAUSE OF	DEATH			(permissio	NOT WIGHT	- EXMANNEY)
	FINJURY	(Month) (Day) (Year	wi	TE. INJURY OCCURE		Y OCCURY	
	22. I hereb	y eertify that I at		PRANANA from 10	.10.49 ₁₉ , to 1	0.25.48	that I last saw the
	Accepted a	live on 10.25	16	nditingt death poch	rred at 9 17m., from t	he eauses and on the	date stated above.
	23A. 5 GNA	TURE	Het .	BALTIMOR.	USON, M. D.		9-19-50
	A. BURIAL,		12 3	4c. NAME OF CEMET	ERY OR CREMATORY 240. L	OCATION (Gity, town, or	county) (State)
	TE RECEIVE	D BY RECISTERS	S CHEN WILL	m five	A SUMERAL DIRECTOR	roonlege	ADDRESS
LC	FP 1 9 1	RAR Luciu	gon / bu	Tanks, Mist	Chono We	Son loon k	Bennth w
	VS 150	300'	Walter Control of	No and the second	200000	- on woon	11/1
				9700	24		7600

Br. 9138 A state will be when well Dept. Committee - water - 125. wante trans- for the start for the start of the start of the MANUAL PROPERTY OF THE PERSON OF STREET

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

DUE TO (C)

19B. MAJOR FINDINGS OF

21c. WHERE DID INJURY OCCUR? 20. AUTOPSY?

(If in Baltimore City, give exact location)

2 mp.

1900, that I last saw the

23c. DATE SIGNED

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) HOMICIDE

NOIF

about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21B. PLACE OF INJURY (e.g., in or

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE!

FINJURY AT WORK WORK

22. I hereby certify that I attended the deceased from_

deceased alive on test. 8 1900, and that death occurred at 11 . m., from the causes and on the date stated above.

REGISTRAR'S SIGNATURE

23A SIGNATURE

24A. BERIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)

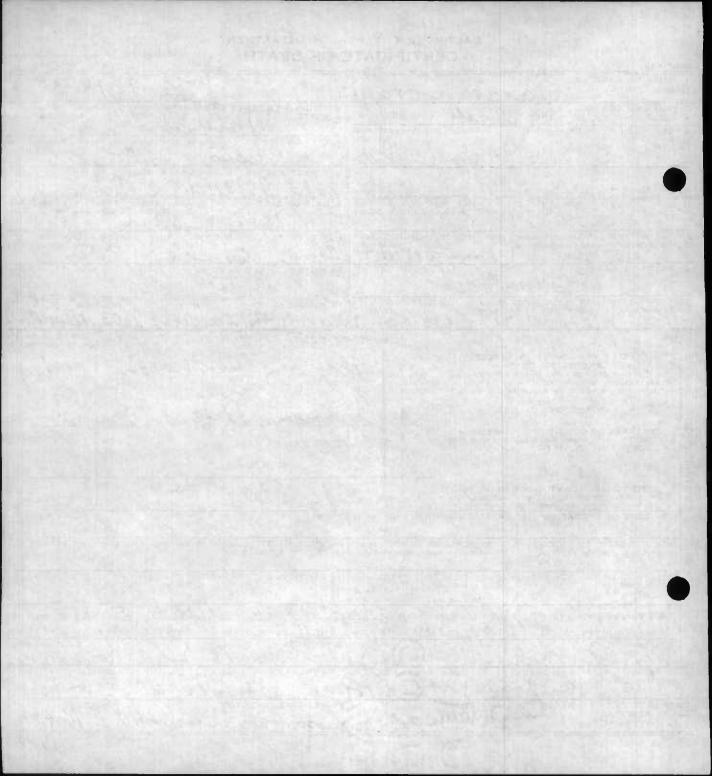
24c. NAME OF CEMETERY OR CREMATORY

238. ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

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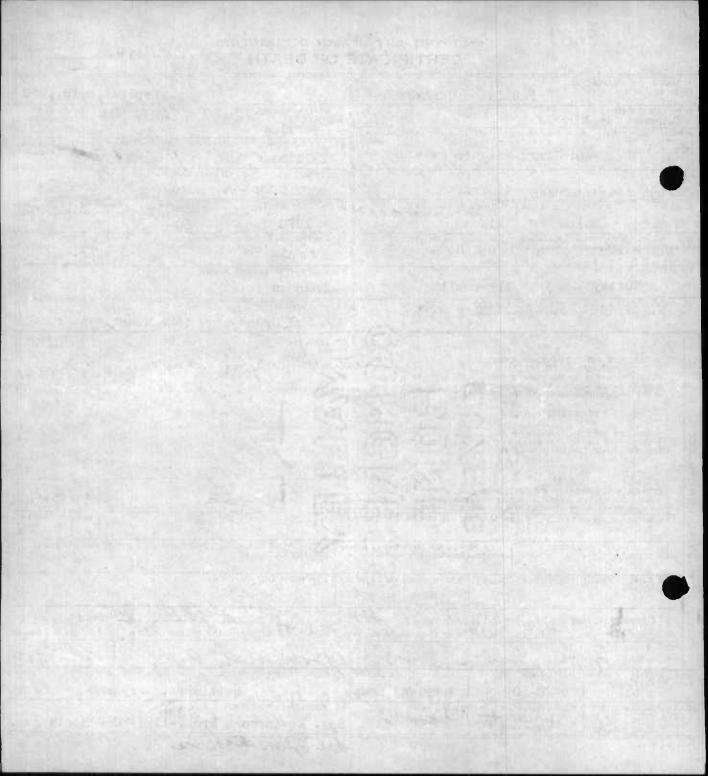
200	V*						
50 CERTIFICA	HEALTH DEPARTMENT 50 8032 TE OF DEATH Registered No.						
1. NAME OF DECEASED (Type or Print) Baby Girl Hough-Vira	2. DATE OF OF 9-15-50						
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
HOSPITAL OR Baltimore City Hospitals location Avenue							
cigth of stay in Baltimore Life Di	rs. D. STREET ADDRESS (If ryral, give location) os. 508 E. Chase Street						
Female White 7. SINGLE. MARRIED. WEOWED DIVORCED (Specific Property of the Single)	Sept. 13, 1950 N. B. 2						
10A. USUAL OCCUPATION (Give kind of work done during most of work log life, even if retired) INDUST	Maryland WHAT COUNTRY						
Robert Hough	Vira Lee Stewart						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO	Records: B H. 4940 Eastern Avenue						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, limits of the complete of th							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Prematur	ity 2 days						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF O	YES X NO						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE OF REC. NAME OF CEMI	23B. ADDRESS 23C. DATE SIGNED 4940 Eastern Avenue 23C. DATE SIGNED ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
Cremation 9-18-1950 B. C. H. Cremation DATE RECEIVED BY LOCAL REGISTRAR SEP 19 1950 Tuntus Mulicipus Medical Registrar's Signature Company of the Crematic Company of the Cre	ematory Baltimore, Maryland 25. FUNERAL DIRECTOR ADDRESS						
VS 150							

STILL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8033 Registered No.

BI	RTH NO.						
	NAME OF Diype or Print)		JLINE	GREENBERG			tember 19,1950
A.	Baltimore C	ity, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENT A. STATE Maryland	NCE (Where deceased lived, B. COUNTY	If institution: residence before admission)
H	SPITAL OR	4613 Park		location)	c. CITY OR TOWN Baltimore	(If outside corporate lin	nits, write RURAL and give township)
c.	Length of st	ay in Baltimore	41 Yrs	Yrs. Mos. Days	D. STREET ADDRES	orth Avenue	
	Female	6. COLOR OR RACE White	Widow	E. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
1 C	A. USUAL OC	CUPATION (Give kind of Marking life, even if retired)	OWN	OF BUSINESS OR NOME INDUSTRY	11. BIRTHPLACE (St Rumenia	ate or foreign country)	12. CITIZEN OF
13	FATHER'S	IAME			14. MOTHER'S MAI	DEN NAME	
	Kur	tzy	Abtamo	witz	Unknown		
15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Sol Gree	enberg- 4523 Hom	ADDRESS ner Avenue
ICATION	heart failu injury or DISEASES RISE TO T	LEADING TO DEA not mean the mode re, asthenia, etc. It mes complication which can be a complication to the can be a complicated as a complication of the can be a complicated as a complication of the can be a complicated as a complication of the can be a complicated as a complication of the can be a complicated as a complication of the can be a complicated as a complication of the can be a complicated as a complication of the can be a complicated as a complication of the can be a complicated as a complication of the can be a complicated as a complication of the can be a complicated as a complication of the can be a complication of the can be a complicated as a complicatio	of dying, e. ins the disease death SES F ANY, GIVIE STATING TI	e,) DUE TO (B)			noncus
CERTIFI	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED Umi	eins ann	mia	anknown
٦				FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			y, give exact location)
2	O. TIME INJURY	Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WOOK	ED 21F, HOW DID	INJURY OCCUR?	
	22. I hereb deceased at	w certify that I at live on 1/15	tended the	and that death occur		from the eauses and or	
	23A. SIGNA	Br. Harry C	ishm	un M.D.	19214 W	not are	23C DATE SIGNED
ZI TI	on REMOVAL (S Burial	pecify) 9-20-5(24c. NAME OF CEMETE Maryland Lodg	e 6 0 m	Laltimore, Mar	ryland
	ATE RECEIVE	RAR 1 4	SSIGNAT	Villiams, Mrs	Sol. Levins	on & Bros1124-	ADDRESS -26 W North Ave.
	VS 150			The second second second	Sal Llina	my Bros.	

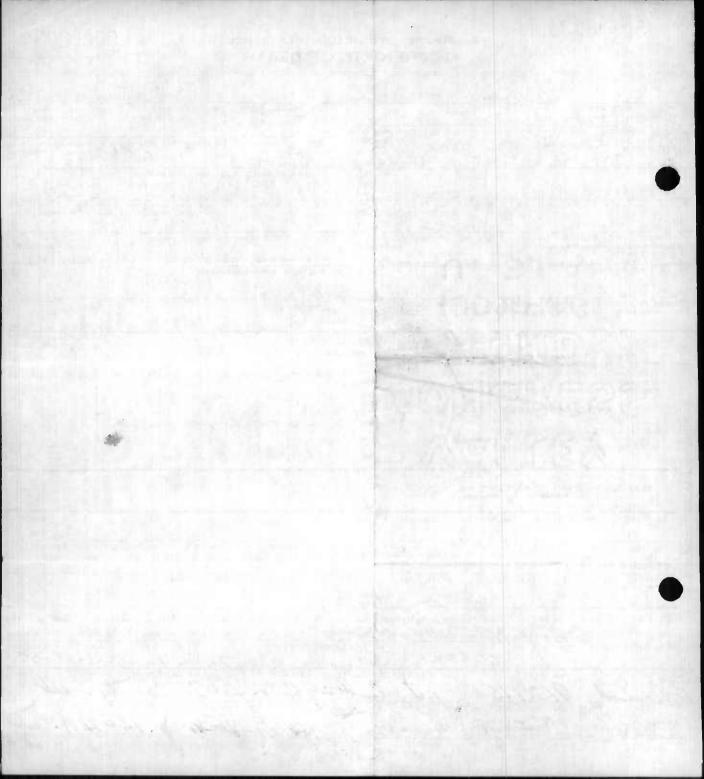


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No.

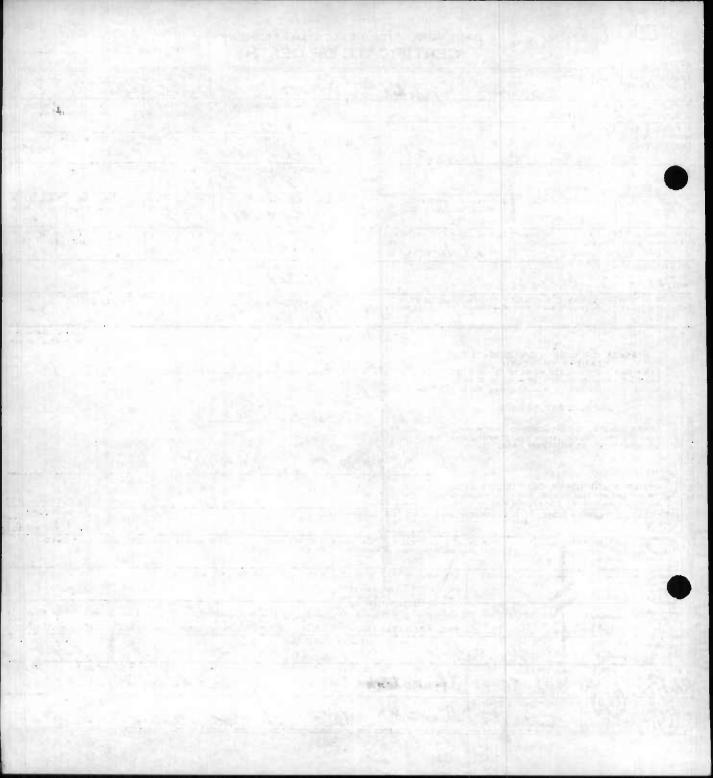
BIRTH NO.											
1. (T	NAME OF DE ype or Print)	CEASED Wil	liam	Howell		2. DATE OF Septem	Jul 18, 1950				
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE 4. USUAL RESIDENCE (Where deceased lived If institution: residence in the company of the company											
H	FULL NAME OSPITAL OR STITUTION	Bar-Wil-	Pu He	on, give street address or location)	RAT	outside corporate limits,	write RURAL and give township)				
6	6	TOT W. C.	BARIN	Yrs. Mos,	D. STREET ADDRESS (If	rural, give location)	011				
		ay in Baltimore	F 7 SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (in years H Un	der 1 Year If Under 24 Hours				
WIDOWED, DIVORCED (Specify)						last birthday) Mont	hs Days Hours Min.				
10 work	A. USUAL OCC	CUPATION (Give kind	of 10B. KIND	OF BUSINESS OR INCUSTRY	11. BIRTHPLACE (State or fo	reign country) 1:	WHAT COUNTRY?				
13	FATHER'S N	AME			14. MOTHER'S MAIDEN NA	AME					
	WAS DECEASE	D EVER IN U. S. ARM	ED FORCES I	16.606141	Luknown						
(Ye	s, no or unknown)	(If yes, give war or da	tes of service)	16. SOCIAL SECURITY NO.	Mrs. Williams -	- 201 W. Colds	Dring Lane				
	18. 442	X.	STORY OF	CAUSE	OF DEATH		INTERVAL BETWEEN				
	DISEAS	E OR CONDITION	DIRECTLY	11		0					
	heart failur	not mean the mode re, asthenia, etc. It m complication which	of dying, e.g eans the disease	2,	Lu- Ludio	VidenXan					
		ANTECEDENT CAL	JSES	DO	1.	-A					
Z											
Ĕ	RISE TO TH	HE ABOVE CAUSE (A) STATING TH) (
FICATION				(C)							
CERTIF	TRIBUTING	II IGNIFICANT CONI TO THE DEATH, BU SEASE OR CONDITION	T NOT RELATE	D							
		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?				
DICAL		ENT WAS UNDER	- I al all annu C	CE OF INJURY (e. g., i		If in Baltimore City, giv	YES NO Ce exact location)				
ME	CAUSE OF	R CONTRIBUTING[DEATH	about nome, it	arm, scoot y, street, omee brug.,	MJORT OCCURT						
-	P. TIME (Month) (Day) (Yes	v	WHILE AT NOT WHILE		COCCUR?					
	22. I hereby certify that I attended the deceased from 1976, to 320, 1879, that										
				and that death occur	The state of the s	he causes and on the					
	23A. SIGNAT	URE /	Yack	m. D.	38. ADDRESS	a Care.	4-18-50				
2.	AA. BURIAL, C	REMA- 24B. DATE pecify)	1/50	ML CAN	RY OR CREMATORY 24D.	QCATION (City, town, or	county) (State)				
	ATE RECEIVED	RAR	R'S SIGNATU	IRE.	25. RUNERAL DIRECTOR	201 10	DDRESS				
_	SEP 201	951	tweeter /	Muants, Mys	Joseph D- Kon	K. 100	411. Com				
	VS 150	St. o Decrease	James .	ST. Pinksumpment (C)	5906 E	1	312				
					, , , ,	(



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8035

B	RTH NO.								
				(ROLE)	Rowe	DEATH	I 19,50		
	Baltimore (EATH: City, Maryland		(4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)				
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institutio	on, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
IN 7)	ISTITUTION	VIVERSITY		926	BALTIMORE 18-01 township)				
4		VIVE	1.10	Yrs.	D. STREET ADDRESS (If rural, give location)				
c.		tay in Baltimore	44	Mos. Days	918 W. BALTIMORE T.				
5.	J-	6. COLOR OR RACE	7. SINGLE, WIDOWE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under I Year Months Days Hours Min. 7. May 8-1913 3 Months Days Hours Min.				
	done during most o	CUPATION (Give kind of of working life, even if retired) Y Wif L	10B. KIND	of BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NAME				
-		J Carrol			Noly Despet				
15 (Ye	, was DECEASE , no or anknown)	D EVER IN U. S. ARME (if yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Wilbur-Rowe- 918 W Balto St				
	18. 420	,1 ,		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
		complication which							
_	ANTECEDENT CAUSES (B) MYOCARDIAL INFARCTION								
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
AT	UNDERLY								
FIC	(C) COROLARY THROMBOSIS								
F									
CER	TRIBUTING	TO THE DEATH, BUT	NOT RELATED	0					
				FINDINGS OF OPER	RATION		20. AUTOPSY?		
CA			1		Lot- Wilson Din (1)	Id in the late of the	YES NO		
MEDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?)								
1	F INJURY	(Month) (Day) (Year	Y OCCUR?						
				HILE AT NOT WHILE AT WORK					
	22. I hereby certify that I attended the deceased from Left 19 1953 to Left 19, 1953 that I las								
1		live on sept 14	, 1950, α		he causes and on t	he date stated above.			
h	23A-SIGNATURE & Micheleton M. D. (Insulvinta Herpital.								
11.2	4A. BURIAL. ON, REMOVAL (S		20-50 2		RY OR CREMATORY V 240 L	OCATION City, town	, or county) (State)		
D	ATE RECEIVE		S SIGNATUI	3F. N. 5. 0	25. FUNERAL DIRECTOR		ADDRESS		
	DOAL REGIST	On Tuntu	inter No	liante, Not	Win Cook Inc	1217 ST	Darch St		
St	VS 150	, SANA	· Mar 178	the little of freedom on the					
		,				0	(1) (A		

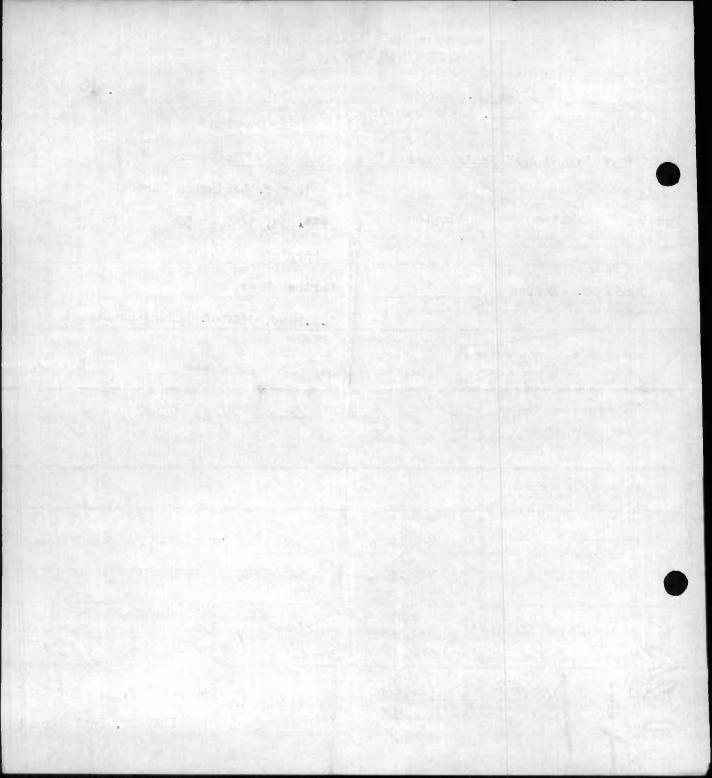


6 2 0 50 8036

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8036 Registered No.

BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) Alice H. Moores DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 1400 W. Lexington Street A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FIILL NAME OF location) HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION townshin) Baltimore Aged Women and Aged Men's Homes p. STREET ADDRESS (If rural, give location) Yrs. Mos 1400 W. Lexington Street c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DWORCED (Specify) If Under 1 Year 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months I hays Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Female White Oct. 31, 1859 10 | 18 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Warvland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Martha Duer James S. Moores 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. L.H. Read. 1000 W. Lexington Street INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Elylral Thromboio LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO DUE TO C. V.D. ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL (If in Baltimore City, give exact location) 21B, PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT , 1978, to Sectoral 81954, that I last saw the 22. I hereby certify that I attended the deceased from Gan. deceased alive on Sept. 15, 1960, and that death occurred at 2 18 Pm., from the causes and on the date stated above. 23A. SIGNATURE newland 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY -, Cockeysville, Maryland Sherwood burial 25 UNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE RECEIVED BY 1217 St. Paul Street VS 150 093d

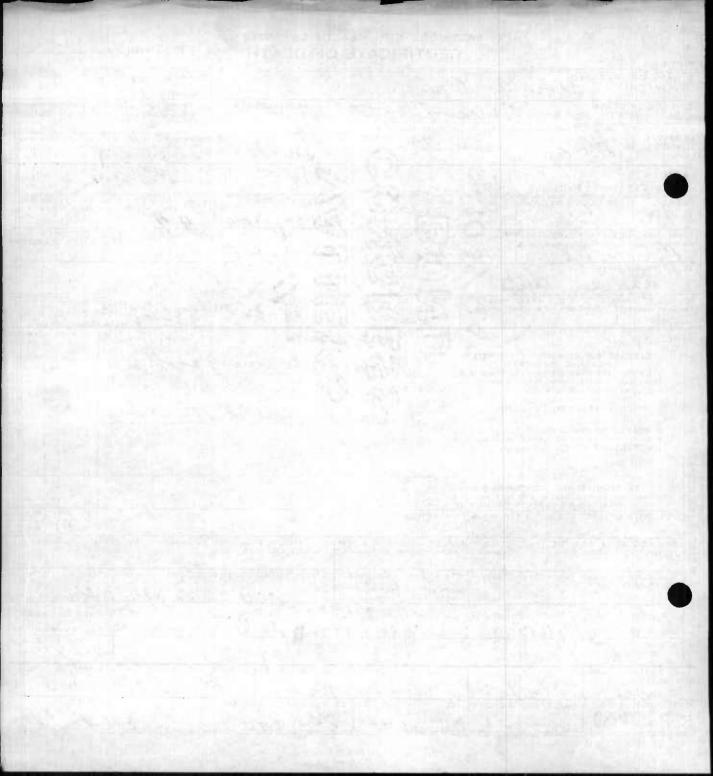


50 8037

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 8037

ВІ	IRTH NO.	CERTIFICATE	E OF DEATH
	NAME OF DECEASED	a. Opel	2. DATE 9/18/50 DEATH 9/18/50
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospit	Jucy / for pital tal or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
H	OSPITAL OR MELEY	/ Les putal location)	C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
c	igth of stay in Baltimore	Tife Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) ave
5.	SEX 6. COLOR OR RACE		8. DATE OF BIRTH 9. AGE (In years If Under I Year Months Days Hours Min Hou
10 worl	DA. USUAL OCCUPATION (Give kied of k done during most of working life, even if retired)	Balto Palice Dapy	11/BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY
13	Charles Op	وا	Charlotte Swindell
15 (Ye	5. WAS DECEASED EVER IN U, S. ARME. (If yes, give wer or date	D FORCES? 16. SOCIAL	17. INFORMANT, mildred mappers and 1435 Hinston are.
ATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mer injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION	DIRECTLY ATH of dying, e. g., ans the disease, caused death.) DUE TO IF ANY, GIVING) STATING THE DUE TO	of DEATH ble Caronary acclusurs bles mellitus-mild
CERTIFIC	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	
AL	19A. DATE OF OPERATION	19B, MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., ir about home, farm, factory, street, office bldg., e	
M	21D.TIME (Month) (Day) (Year F INJURY	m. WHILE AT NOT WHILE	DI cdied 3 min after admission
	23A. SIGNATURE	19 and that death occur	rred at 10, 19, to 19, that I last saw the rred at 10, 19, the causes and on the date stated above 23B. ADDRESS 23C. DATE SIGNED
Z.	4A. BURIAL, (CREMA- ON. REMOVAL (Specify)	150 moreland	
CKO	ATE RECEIVED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Wm. Gook, Inc. 1217fb. Paul St.
	VS 150	To the second se	73 93 061.0



4 50 8038

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8038

BIRTH NO.							
1. NAME OF (Type or Print)				2. DATE OF			
	An	thony G. Miller		DEATH 9-18-50			
	City, Maryland	Balto	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)			
B. FULL NAMI		al or institution, give street address or location)	m'd	If while and the in-			
INSTITUTION			Baltimore, A	outside corporate limits, write RURAL and give township)			
1-0	-00011 11111 111	Yrs.	D. STREET ADDRESS (I				
a Longth of	atom in Deltimon	Mos.	275 S. East A				
5. SEX	stay in Baltimore	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) # Under 1 Year # Under 24 Hours			
m	W	WIDOWED DIVORCED (Specify) Madried	9-15-95	last birthday) Months Days Hours Min.			
10A. USUAL C	CCUPATION (Give kind of st of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S	Dar	wy.	14. MOTHER'S MAIDEN N	MANE M.D. CL			
	1- 0	2.00	TO MAIDEN	Los as a de			
15 WAS DECEA	mercose /	1 cla	aggina 17	ergouración			
(Yes, no or unknow	SED EVER IN U. S. ARMED a) (If yes, give war or dates		The Good	M. Frate - 323 Museum			
18. 1/2		CAUSE	OF DEATH	INTERVAL BETWEEN			
10-	, ,		OF DEWILL.	ONSET AND DEATH			
	ASE OR CONDITION LEADING TO DEA	TH A	cenous	/11Ma 2/10/ED			
heart fa	oes not mean the mode of ilure, asthenia, etc. It mea	ns the disease,	· · · · · · · · · · · · · · · · · · ·	lung 2/10/50			
injury o	or complication which o	caused death.) DUE TO	U	med			
-	ANTECEDENT CAUSES						
Z DISEAS	DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
Ú U				7.70/30			
	11	(C)					
TRIBUTI	SIGNIFICANT CONDI	NOT RELATED					
U TO THE	OF OPERATION 1		ATION / //	20, AUTOPSY?			
3/3	100	Commond	o deune	YES NO Y			
	DENT, SUICIDE,	218. PLACE OF INJURY (e.g., in		(If in Baltimore City, give exact location)			
HOMICIDE	(Specify)	about home, farm, factory, street, office bldg.,	otc.) INJURY OCCUR?				
P. TIME	(Month) (Day) (Year)		ED 21F. HOW DID INJUR	RY OCCUR?			
		m. WHILE AT NOT WHILE		///			
22. I here	by certiff that I att	cnded the deceased from 2/	10/ 150, to	9/18/ , 1918, that I last saw the			
	deceased alive on 121, 1950, and that death occurred at 130 19 m., from the causes and on t						
23A. SIGN	ATYRE	115/10 2	3B. ADDRESS	23c, DATE SIGNED			
	aug a fo	N UMU M. D.	11/201111	waymu. sepy14-3			
24A. BURIAL.	(Spacifus)	24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town, or county) (State)			
1 sure	al 7-21	-30 Sacred	Heart .	13all			
DATE RECEIV	ED BY REGISTRAR	SSIGNATURE	25 FUNERAL DIRECTOR	ADDRESS OF			
SEP ZUI	950 mustate	the I house have	Lilly & Zeit	- 403 B Wolf &			
VS 150	*A41.	Consideration of the second of	10				
			. 0	0,472			

AND DESCRIPTION OF THE PARTY OF THE THE COUNTY OF THE PARTY OF Beech Hill Burghs Hone Per Part Avenue Covernment former spops 65 W. Joseph John St. St. St. St. St.

BALTIMORE CITY HEALTH DEPARTMENT

PIRTH NO	CERTIFICAT	E OF DEATH	Registered No	ODGG
BIRTH NO. 1. NAME OF DECEASED			La DATE	
	CURRIER		OF SEPH	19 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland M69	2	4. USUAL RESIDENCE (Where deceased lived, If in	
B. FULL NAME OF (If not in hospital or instit	ution, give street address or	MARYLAND	B. COUNTY	before admission)
HOSPITAL OR	location)		outside corporate limits,	
JOHNS HOPKINS	BOSPITEL	BALTIMORE	7-05	township)
	Yrs. Mos.		rural, give location)	
5. SEX 6. COLOR OF BACE 7. SING	Days	723 7. BR	DADWAY	
WIDO	CE, MARRIED, DWED, DIVORCED (Specify)	B. DATE OF BIRTH		ths Days Hours Min.
	INGLE	7-27-74	55	
work doneduring most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		Maso.		
att Puran		14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	Helen la	yen	
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	AUPAING MUSICIAL	DRES\$
			MALTINO MANULITAL	
18. /53X	A A	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	IYI L	etata Cana	and a sea to	9+ 400
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise	ase.	DIME CHKG	MOMA-) L MOV
injury or complication which caused dea	th.) DUE TO	MARY SITE IF	r Sigmoid	
ANTECEDENT CAUSES		1 21/2	Calas	13161212
DISEASES OR CONDITIONS, IF ANY, GIV		***************************************	COIDN,	***************************************
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO			17-1-12
0	(C)		***************************************	
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CO	1911 1 1 1 1 1 1 1 1 1			
TRIBUTING TO THE DEATH, BUT NOT RELA	TED			142 1
TO THE DISEASE OR CONDITION CAUSING	R FINDINGS OF OPER			20. AUTOPSY?
				YES NO
	LACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e		If in Baltimore City, giv	
LYING OR CONTRIBUTING about hom	e, tarm, ractory, street, omce ning., e	etc.) INJURY OCCUR?		
2.10. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended th		-19 1950 to	9-19 1050	that I last saw the
deceased alive on 9-19 1950	and that death occur	red at 5.07 Pm. from t	he causes and on the	date stated above
23A. SIGNATURE		38. ADDRESS		20. DATE SIGNED
Various Torre	м. D.	CORTING NO	PKINS BOSPITAL	ACDT 19190
24A BURIAL, CREMA- 24B DATE TION REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, nown, or	county) (*tate)
Jurial dest. 22-50	Halnut C	emeter A	averhill by	ass
DATE RECEIVED BY REGISTRAR'S SIGNAT	TURE .	25. FUNERAL DIRECTOR	Ams.	DDRESS
SEP 20 1950 rturtington	~ /YHUWHILL M. K.	N Common	asuthan	Bolta 13
VS 150	WHITE SAME IN WINDS AND THE SAME OF THE SA	1047	2 10	16 md.
, (n	The state of the s	5885	04	6 e

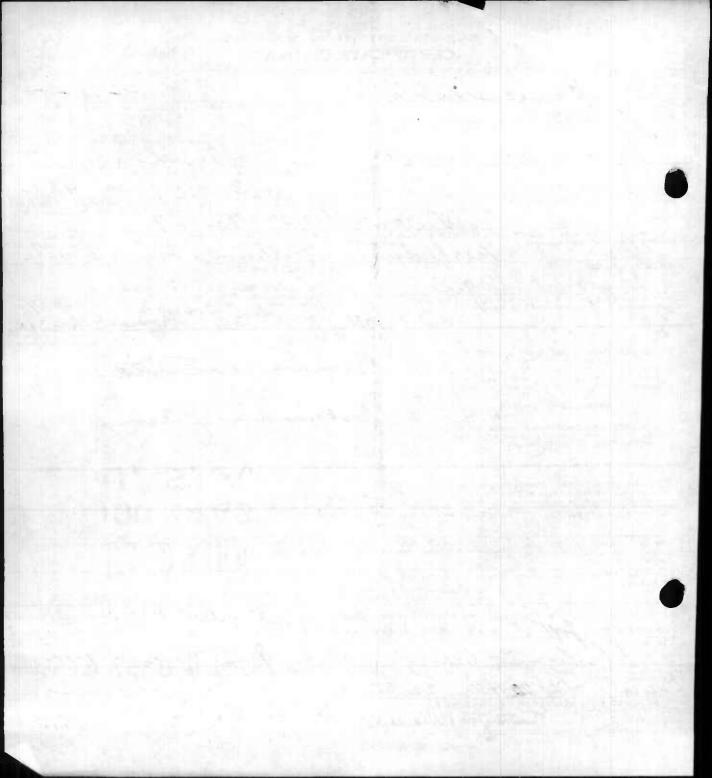
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

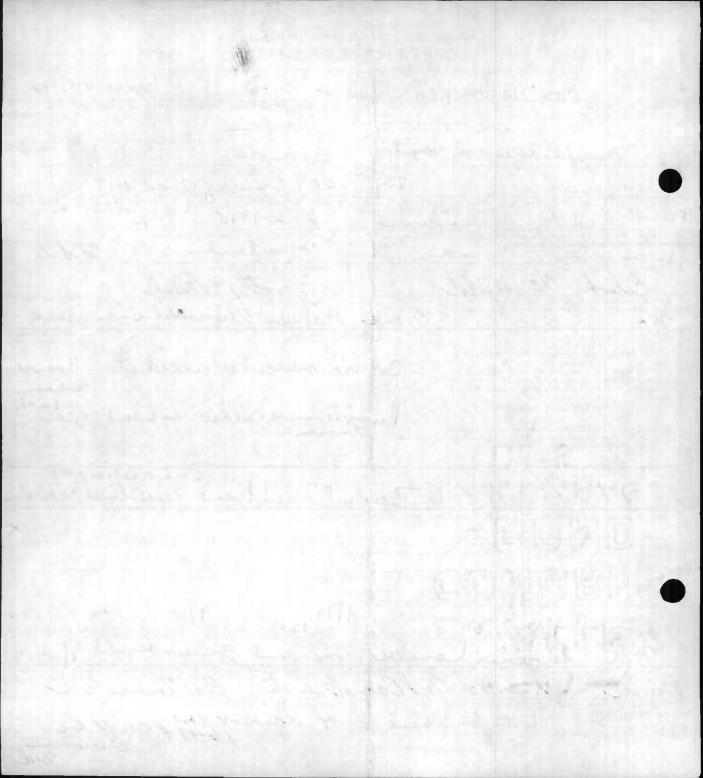
Registered No. 8040

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) CELIE DOWNIN	2. DATE OF DEATH 9-18-5-0
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
yrs. Yrs. Mos.	D. STREET ADDRESS (If rura), give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 9. AGE/In years II Under If Under 24 Hours last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR work done during most so working life, even if retired) ANDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF OWNAT CONSTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Denve Klages	Laura Johnson,
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 2/2-05-548/	17. INFORMANT & Downin ADDRESS Bal. 7
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	OF DEATH INTERVAL BETWEEN ONSET AND DEATH Lenea - meschale
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	Assume of Cerry
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	e
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20, AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., e	
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE AT NOT WHILE	ED 21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	Ly 16, 1950 to Lest 18, 1950, that I last saw the
deceased alive on 18, 19 50 and that death becur	rred at 1 25 m., from the causes and on the date stated above.
23A. SIGNAPORE LILLIAM TO GAN M. D.	The San Son 9-18-50
24A. BURIAL, CREMA- 24B/DAVE 24C. NAME OF CEMETER 1019, PEMOVAL (Specify) 25-1950 Baltimor	e Clinety Baltimore Ind
DATE RECEIVED BY DEGISTRAR'S SIGNATURE DEGISTRAR'S DEG	25 SUNERAL DIRECTOR ADDRESS ADDRESS Balta 13
VS 150	15418. Nothber Onde
96	205E 048a



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICAT	E OF DEATH Regis	tered No.
NAME OF DECEASED Type or Print)	2. DATE OF	Septeber 18, 1900
B. PLACE OF DEATH: Mrs. Agatha Reitschneu	DEATH 4. USUAL RESIDENCE (Where deceased	
Baltimore City, Maryland	A. STATE B. COU	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	C. CITY OR TOWN (If outside corpor	ate limits, write RURAL and give
NSTITUTION maryland general Hapital	Baltinore 12	township)
75 Mos.	D. STREET ADDRESS (If rural, give loca	1 .1 -2
ngth of stay in Baltimore Days		2 #18
Fendl 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In last birth)	day Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
Housewife home	Maryland	4sa.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	Dorothy Walsk	
(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	De lubert Reifschreid	w-as above
18. 470. 0 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 - 1 - 0 - 1 - 0 - 1	D. A WI.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	to bascular action	are Tagy
injury or complication which caused death.) DUE TO		untrasa
ANTECEDENT CAUSES	the Cardiovase	ulaw years.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	black	0
UNDERLYING CONDITION LAST.		
	Ches	cardialdas
OTHER SIGNIFICANT CONDITIONS CON-	estishent dieae ac	valica atribin
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g.,	n or 21c. WHERE DID (If in Baltimor	e City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
m. WHILE AT NOT WHILE AT WORK		
deceased alive on 18, 19 and that death occu	195000 9/18	, 19 that I last saw the
deceased alive on 18, 19 and that death occu	23B. ADDRESS 0	nd on the date stated above.
Mayurde Journ Carolles.	maryland greeall	05/8/16 morabas
244 BURIAL CHEMA- 24B DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (Ci	ty, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAD DIRECTOR	ADDRESS
CEP 201950 Thurtington Milliams, Mrs.	H dander y dons. o	m. thelme
VS 150	16496.	Baltimore.
AKSAWI, and	00	93d md
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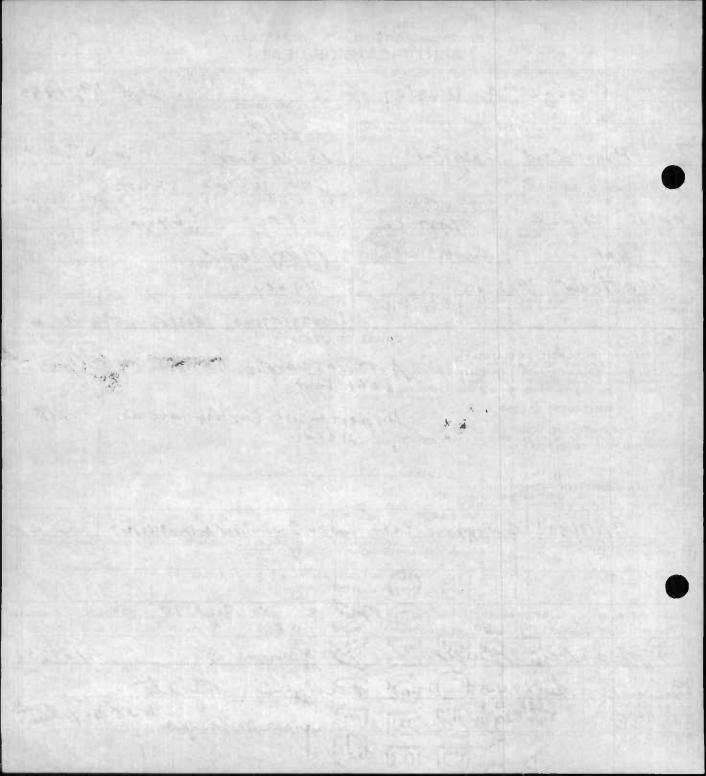


240 50 8042

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8047

BIRTH NO.	
Type or Print) George A. Wesley	2. DATE OF DEATH SEPT. 19, 1950
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
nstitution Provident 4 0 spital	Baltimme 2200 2 inwaship)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Deligth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year In Under 24 Hours
Male Colored Maggist	last birthday) Months Days Hours Min.
OA. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR or kind open during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	Many land
Matthews IN.	N/97 CV
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(es, nu or unknown) (If yes, give war or dates of service) SECURITY NO.	Georgianna Wosley -653 W. Lee Je.
18. 443 X CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	rioscloratic Gangrene 1 mos
heart failure, asthonia, etc. It means the disease,	1 Faut
DISEASES OF CONDITIONS IT THE COURSE	extensive Carolio Vasculas 3 Mas
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD UNDERLYING CONDITION LAST.)13eafe
OTHER SIGNIFICANT CONDITIONS CDN-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	not - Generalized Artero 842131 YES NO B
21A, ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
A HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WORK AT WORK	
	red at 1:00 f.m., from the causes and on the date stated above.
23A SIGNATURE 2	38. ADDRESS 23c. DATE SIGNED
	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)	when Back
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR 638 n. Pelen
SFP 20 1950 tuntington Williams, Mr.	James astayes " o 7. Telus
VS 150	11 10
754	619

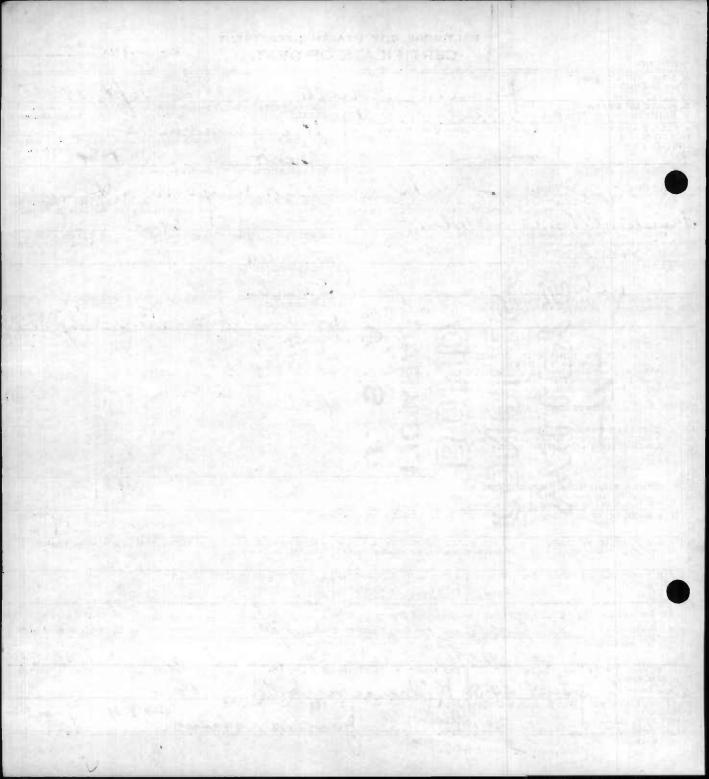


530₅₀ 8043

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8043 Registered No.

В	IRTH NO.			CERTIFICATI	E OF DEATH	are gratered	A10
	NAME OF D Type or Print)	ECEASED	Lan	ie Su	itte	2. DATE OF DEATH SE	H 19-50
	Baltimore (EATH: City, Maryland	17180	o	4. USUAL RESIDENC	E (Where deceased lived, I	f institution : residence before admission)
В.	FULL NAME OSPITAL OR		tal or institut	ion, give street address or location)	C. CITY OR TOWN	moch its	its, write RURAL and give
11	ISTITUTION	Beginne			Book	1 4 " war 1	township)
-				Yrs.	D. STREET ADDRESS	(If rural, give location)	
a	ngth of s	tay in Baltimore	20	Vecky Mos.	1718 h. 0	Dalland	11
5	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
7	Jemale.	Colored-	Wille	1 -		6 9 mgs	onths Days Hours Min.
1 C	A. USUAL OC	CUPATION (Give kind of working life, even if retired	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
	m C	working me, even it retired.		INDUSTRY	1/0		WHAT COUNTRY
13	FATHER'S	IAME			14. MOTHER'S MAIDE	NAME	
	la la	ah -			Saral		
15 (Ye	. WAS DECEASE	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS 3
(,	(200) 8-10 11 01 01 01	01 01 100	SECURITY NO.	Herman Sn	mitte 396	- Date for
	18. 59) X		CAUSE	OF DEATH /	77.6	INTERVAL BETWEE
	DISEAS	E OR CONDITION	DIRECTLY	010	1. / -		ONSET AND DEATH
		not mean the mode	TH	a le le il	Mulle 9	¥	
	heart failu	re, asthenia, etc. It me complication which	ans the diseas	e,	11,	~ ,	* ****
					1/40 W	ur 4	
z		ANTECEDENT CAU	SES	(B)	va		
5	DISEASES	OR CONDITIONS,	F ANY, GIVIN	4G		***************************************	***************************************
A	UNDERLY	ING CONDITION L	AST.	12 502 10			
FICATION				(C)			
ERTI	OTHER S	II IGNIFICANT COND	ITIONS				
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		0					YES NO
EDICAL	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)	218. PLA	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City,	give exact location)
ME			and a distribution of				
-	21D. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURRI	D 21F. HOW DID IN	JURY OCCUR?	
			m.	WHILE AT NOT WHILE		,	
22. I hereby certify that I attended the deceased from 9/4, 193, to 9/19							that I last saw the
	deceased al		111	and that death occur		om the causes and on t	
	23A. SIGNAT	URE /	1/	11- / 2	3B. ADDRESS	111	23C DATE SIGNED
	//	3 my	MU	1/4 M.D. 7	-139 her-	101119	1 21-50
	AA. BURIALI/C	REMA- 248. DATE pecify)	1	AC. NAME OF CEMETE	RY OF CREMATORY 24	LOCATION (City town	, or county) (State)
0	mul	sept	34-51	Kilmar	noch la	o Va	
L	ATE RECEIVED	BY REGISTRAR	· Linkly	RE	25. FUNERAL DIRECT	OR 638	MADBRESS AL
2	FP 2019	50 1 Winter	stor 14	andrew luis	amesas	dayro.	
	VS 150		A THE OWNER OF THE PARTY OF THE	(大) (10 mm) (0	



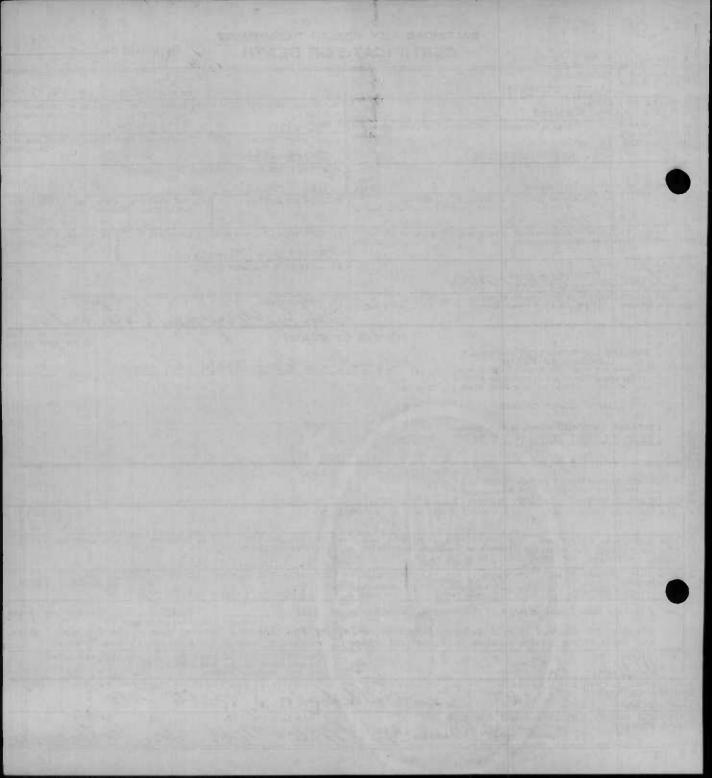
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	RTIFICATE	OF DEATH	Reg	istered No.	
1. NAME OF DECEASED OF COMPANY (Type or Print)	ht		2. DATE OF DEATH	Sept:	19 1950
B. FULL NAME OF (If not in hospital or institution, give	wood we	4. USUAL RESIDEN		ed live If inst	titution: residence before admission)
HOSPITAL OR INSTITUTION	1	Balto	(If outside corp	orate limits, w	rite RURAL and give township
c. Ongth of stay in Baltimore Lile	Yrs. Mos. Days	629 has	If rural, give lo	1	
	RRIED, Specify)		9. AGE (1	n years If Unde	s Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of ork dooe during most of working life, even if retired)	USINESS OR INDUSTRY	M. BIRTHPLACE (Sta	te or foreign countr	(y) 12	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	10	4. MOTHER'S MAID	EN NAMA		
	SOCIAL SECURITY NO.	7. INFORMANT	right 63	9.90	RESS are
18. 442× 1	CAUSE OF	DEATH	٥		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pul	monary a	Edema		2 days
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING	(B) Carlin.	Jasculer H	ypertensie	Disease	7 years
UNDERLYING CONDITION LAST.	(c) Mej	elrific		•••••	7 years
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINE	INGS OF OPERAT	ION			20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fact	FINJURY (e. g., in or tory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?		ore City, give	exact location)
Σ	NJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
m. WHILE A			0 / 10		
		ed at 2:25Am., f	rom the causes		hat I last saw the date stated above
Michael J. Dousch	м. р. 4	636 Belo	in Book	2	9-19-50
Burial Sept 22 7950 ld	Ly Redd	OR CREMATORY 2	Relain	Roo	county) (State)
DATE RECEIVED BY LOCAL REGISTRAR 2 0 1950	WALL HA	s. Fineral differ	1701-03 h	alters	on Park.
VS 150	. 4 191				^

AND RESERVED THE

BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO. 150	-19793		CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF DE	CEASED				2. DATE	
		BABY MERRYMA	N			DEATH Sept	ember 19, 1950
	. PLACE OF DE. . Baltimore Ci				4. USUAL RESIDENCE (Where deceased lived, I: B. COUNTY	f institution : residence before admission
В.	FULL NAME O		l or institut	ion, give street address or	Maryland	Baltimore	
	OSPITAL OR NSTITUTION			location)	c. CITY OR TOWN	f outside corporate limi	its, write RURAL and giv township
_	MED.	St. Agnes Ho	spital		Catonsville		***************************************
				Yrs. Mos.	D. STREET ADDRESS (I		200
5		ay in Baltimore 5. COLOR OR RACE	7. SINGL	Days E. MARRIED.	Old Frederick		If Under 1 Year If Under 24 House
	male	white		/ED, DIVORCED (Specify)	0.2/112 0. 511111		onths Days Hours Min.
	A. USUAL OCC	UPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	19 12. CITIZEN OF
Wor	k done during most of v	working life, even if retired)		INDUSTRY			WHAT COUNTRY
13	B. FATHER'S NA	ME		,	Baltimore, Mar	YLANG	
	JOHN	E. MERR	+MA.				
15	. WAS DECEASED	EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17 INFORMANT		DDRESS
(14	a, no or unknown)	(If yes, give war or dates	Of service)	SECURITY NO.	John & Moss	//-	tonsuelle
	18. 5 44	2.7	-	CAUSE	OF DEATH	There can	INTERVAL BETWEE
	DISEASE	OR CONDITION	DIRECTLY		/		ONSET AND DEATH
	(This does a	LEADING TO DEAT not mean the mode of	f dying, e. 1		al and subarachno	id hemorrhag	e
	heart failure lnjury or c	e, asthenia, etc. It mean complication which co	as the diseas	e,			
	A	NTECEDENT CAUS	ES				
7				(B)	***************************************		**********
Ō	RISE TO THE	OR CONDITIONS, IF E ABOVE CAUSE (A)	STATING TH				
AT	UNDERLYI	NG CONDITION LAS	5T.	(C)		***************************************	
RTIFICATION		П					
3TI		SNIFICANT CONDITION THE DEATH, BUT I					11 1990
CEF		EASE OR CONDITION			47101		
-	19A, DATE OF	OPERATION 19	B. MAJOR	FINDINGS OF OPER	ATION		YES X NO
EDICAL	21A. EXTERNA	AL CAUSE WAS		CE OF INJURY (e.g., in	n or 21c. WHERE DID (If in Baltimore City,	
ŏ	UNDERLYING	OT OR CONTRIB-		arm,factory,street,office bldg.,e			25-1
M		ionth) (Day) (Year)		spital 21E. INJURY OCCURRI	St. Agnes Hos	Y OCCUR?	L 07 C
	Septe	ember 18, 19	504·25	WHILE AT NOT WHILE	x delivery tabl	e at birth	to 1100r 1rom
				remains described a			thereon and from
					Autopsy, inquiry, find that said d	Inspection or Inquiry	
	and deat	th in my opinion	resulted f	rom: natural causes	, accident , suicide	\square , homicide \square ,	undetermined \square .
	23A. SIGNATU	JRE //	1/		23B. CHIEF MEDICAL ASSISTANT MEDICAL		3c. DATE SIGNED
_	Weller	en Voorsin			.D. MEDICAL INVESTIGAT	ror IS	ept. 20, 1950
Ti	4A. BURIAL, CR	ema- 24B. DATE	0	24c. NAME OF CEMETE	RYOR CREMATORY 24B. 1	EQATION (City, town	, or county) (State)
100	ATE RECEIVED	BY REGISTRAR'S	CICNATI	lew Carr	25. FUNERAL DIRECTOR	4	ARBRECC
7	SAZ REGGTA	R REGISTRAR'S	J 64 1	Migue 11 100	PANA MA	1.1.	ADDRESS
	- 1	, 2000		menta in the	mac las	44701 C	aronswelfe
V	S 151 N S	854.2	Manhines .	K Scholars of the salter pro-			alonsvelle 1860



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	ERTIFICATE	OF DEATH	Registered No	
1. NAME OF DECEASED)		?		
(Type or Print) William	mille	er	2. DATE OF DEATH	18,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	MOR	4. USUAL RESIDENCE (V	Where deceased lived. If in	stitution / residence before admission)
B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR	give street address or location)	C. CLEY OR TOWN / (If		
2 2 ADAIS HOPLIES NOSPITAL		Balten	outside corporate limits,	township)
c. gth of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	Dd
5. SEX 6. COLOR OF RACE 7. SINGLE, M	Days	8. DATÉ OF BIRTH	9. AGE (in years HUn	der I Year If Under 24 Hours
male white WIDOWED,	DIVORCED (Specify)	8-5-93	last birthday) Mont	hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B KIND OF rork done during most of working) if a even if retired	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country) 12	2. CITIZEN OF
tipe Letter Heer	when a	marylan	0.	WHAT COUNTRY?
19 EATHER S NAME		14. MOTHER'S MAIDEN N	AME //	4.10.
Milliam Miller		Margaret	- Kaus	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	S. SOCIAL SECURITY NO.	17. INFORMANT	S HOSPITAL ADD	RESS
18. 12.214. 3	CALICE	Alberta story		INTERVAL BETWEEN
Togic	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Card	iac Ame	se	- 3-11
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A)		A	
injury or complication which caused death.)	DUE TO	uning on	cona	
ANTECEDENT CAUSES	THE RESIDENCE	for		ATTENDED
DISEASES OR CONDITIONS, IF ANY, GIVING	(B))	eri cardi	
RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO ON	ninne	eli cardi	V
UNDERLYING CONDITION LAST.	(C)		************************************	
OTHER SIGNIFICANT CONDITIONS CON.				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	NDINGS OF OPER	ATION ()		20. AUTOPSY?
4/18/50° car	rstrict		udet is	YES NO
	OF INJURY (e.g., in		f in Baltimore City, give	
LYING OR CONTRIBUTING about home, farm, f	factory, street, office hldg., et	(.a.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) 21E.	INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
INJURY WHILE			,	
22. I hereby certify that Lattended the dec	eased from 9	17 1970, to 9	1/18 1950	that I last saw the
deceased alive on 9/18 1950 and	that death ocur		he causes and on the	
23A. SIGNATURE		B. ADDRESS	LINE HARRING	23c. DATE SIGNED
It yohur	M. D.	saturd nort	The baseline	9/1/10
24A. BURIAL, CREMA- 248 DATE TION, REMOVAL (Specify) 24C.	NAME OF CEMETER	Y OR CREMATORY 240. L	OCATION (City, town, or	county) / (State)
Burial Sest 21/50	Western	1 Toda	nondoors Tour	c Zeed
DATE RECALLED BY REGISTRAR'S SIGNATURE	0.0	25. FUNERAL DIRECTOR) A	DDRESS
HOCALL REDISTRAR	WA WE	entire Ell	25. name	18 All. 1
VS 150	Marine Co	www o .700,	10000000	- Tour
VS 130	Manager KI	74 24	09	01
			(V

Cherrine Hiller and we have the come is the 51111 construction discourse les

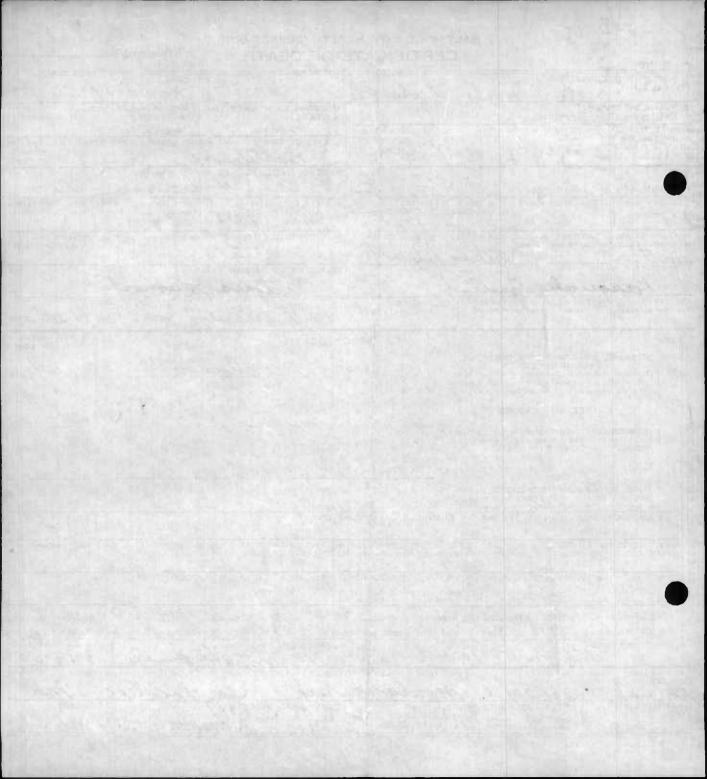
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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8047 Registered No.

(NAME OF D	ma S	oseph	Zakrielle		OF GEATH	-19-50
	. PLACE OF D . Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (W		institution : residence before admission)
B	FULL NAME		al or institution	n, give street address or	md	Cite	
	OSPITAL OR	2	,,	1. A location)		outside corporate limi	ts, write RURAL and give
- '	47	mercy	1 100	spelal	Ballins	re 12.	township)
4		U		2 - Yrs.	D. STREET ADDRESS (If	rural, give location)	
d		tay in Baltimore		33 More Pape	305 W	Corraci	ne ave
g	m	6.COLOR OR RACE		MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH Jan 1882	9. AGE (In years last birthday)	If Under 1 Year It Under 24 Hours on the Days Hours Min.
10 wor	DA. USUAL OC	CUPATION (Give kind of porking life, even if retired)	Baker's	DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
1:	3. FATHER'S,	VAME		1	14. MOTHER'S MAIDEN MA	AME /	
	Pas	quale !	Parriel	4	01.4.	Lamoi	te
11	. WAS DECE S	(If yes, give war go date	FORCES?	16. SOCIAL	17. INFORMANT	Δ	DDRESS
(11	e, no or nnknown	(It yes, give war at date	of service)	SECURITY NO.	Paul Zarriel	llo (son) 3	31 et St.
	18. 342	× .		CAUSE	OF DEATH	MAN THE REST	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY				
	(This does	LEADING TO DEA not mean the mode of tre, asthenia, etc. It mea	f dying, e.g.,	(A)	Brain abo	ess	1 cup
	injury or	complication which c	aused death.)	DUE TO	•		
7		ANTECEDENT CAUS	ES	1			
NOL	RISE TO T	S OR CONDITIONS, I	STATING THE		•••••••••••••••••••••••	••••••	
CA	UNDERLY	YING CONDITION LA	ST.				
正		H		(C)			
RT		SIGNIFICANT CONDI					
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELATED CAUSING IT.	***************************************		***************************************	
_				INDINGS OF OPER	ATION		20. AUTOPSY?
Y							YES YOU
EDICA	HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLAC about home, farr	E OF INJURY (e. g., in m,factory,street,officebldg.,e	n or 21c. WHERE DID (II	f in Baltimore City,	give exact location)
Σ	210 TIME ((Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
1	FINJURY	(200) (200)		ILE AT NOT WHILE	7	OCCONT	
•			m. W	ORK AT WORK	0	0-10	7
		y certify that I att			9-16-, 1950, to		, that I last saw the
	deceased at		, 19 <u>30</u> , ar	nd that death occur		ie causes and on t	he date stated above.
	23A, SIGNA	allyn 1	F. Ju	Id M. D.	mercy W	ospelal	9-19-50
2. TI	4A. BURIAL, C	DREMA- 246. DATE	1 24		RY OR CREMATORY 240. L	CATION (City, town	, or county) (State)
6	Gurial	sest 22	150 7	nouland	Vack. Of	ylac le	e ma
	ATE RECEIVED		SIGNATUR	0 0 0	25 FUNERAL BIREGTOR		ADDRESS
	20 1051	Thurstite	You Mill	ASSELL, MUSTO	usten 6.No	novaw-38	18 Volant
	VS 150	THE STREET		100	1/1/		1 cent
				640	7 %	0	80a



	450	8048	BAI	LTIMORE CITY	HEALTH	DEPARTMENT	0 0	8048
BIR	RTH NO.	CUTTY		CERTIFICA	ATE OF	DEATH	Registered	No.
	NAME OF I pe or Print)		nne (Greer			2. DATE OF DEATH 9-	19-50
	Baltimore	City, Maryland			4. US		(Where deceased lived, I	
B. F	TULL NAME	OF (If not in hospit	al or institut	tion, give street address		y OR TOWN	stimo.	nits, write RURAL and give
INS	STITUTION	Universo	ly H	tosputul		alchorin	a corporate inn	township)
				_ M	D. ST	REET DORESS (If rural, give location)	400
€. 5. §	gth of	stay in Baltimore	7. SINGL		ays	TE OF BIRTH	9. AGE (In years)	H Under 1 Year H Under 24 Hours
	F	W		VED, DIVORCED (Spe	enify)	5-48	last birthday) N	Months Days Hours Min.
10A	. USUAL Of	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OF		RTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S		_		14. MC	THER'S MAIDEN	NAME	
		odore I.		uer				
15. Yes,	mo or unknown	(If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO	o. 17. IN	FORMANT		ADDRESS
Т	18. 7.	9.0		CAUS	E OF DE	ATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION			1	C .		ONSET AND DEATH
	heart fail	s not mean the mode o ure, asthenia, etc. It mea	f dying, e. i ns the diseas	e.	raiv	Azul	····	
	injury or	complication which c						
z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Washing provided to the provided provided to the condition of the					ъ		
	RISE TO	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	HE DUE TO	,	-1.		
				(c)	byo c	ysne c	leseare	
STIP.	OTHER S	II SIGNIFICANT CONDI	TIONS CO	٧.				
	TRIBUTIN	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED				
AL AL	19A. DATE	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF O	PERATION	NO.		20. AUTOPSY?
) - 		DENT WAS UNDER-		ACE OF INJURY (e.		c. WHERE DID JURY OCCUR?	(If in Baltimore City,	
Ш Ш	CAUSE OF							
	2 ID. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCU		F. HOW DID INJU	RY OCCUR?	
	22 1 2	L	m.	WORK AT WO		10571.	9-19 10	5, hat I last saw the
	deceased a	by certify that I att	. 19.50	aeceasca from and that death of	ccurred at	3 P. m. from	the causes and on	the date stated above
	ZA. SIGNA	TURE	-	0	238, ADI	DRESS	4.10	23c. DATE SIGNED
24/	. BURIAL.	REMA- 248. DAE	1 rea	M. D. 24C AME OF CEM	ETERY OR C	REMATORY 240	LOCATION (City, tow	9-14-50 n, or county) (State)
TION	REMOVAL (Specify) 9/20/	50.	St. m	MA	0016	alilaria	- ml
DA	TE RECEIVE	D BY REGISTER		William W.	25. FU	NERAL DIRECTO	P	ADDRESS
SE	PZUIS	130	4	The state of the s	17	vny /	Hon	
	VS 150		Wa	ldoy >	nd,	the	036 00	Cains 56E
				7/		*		266

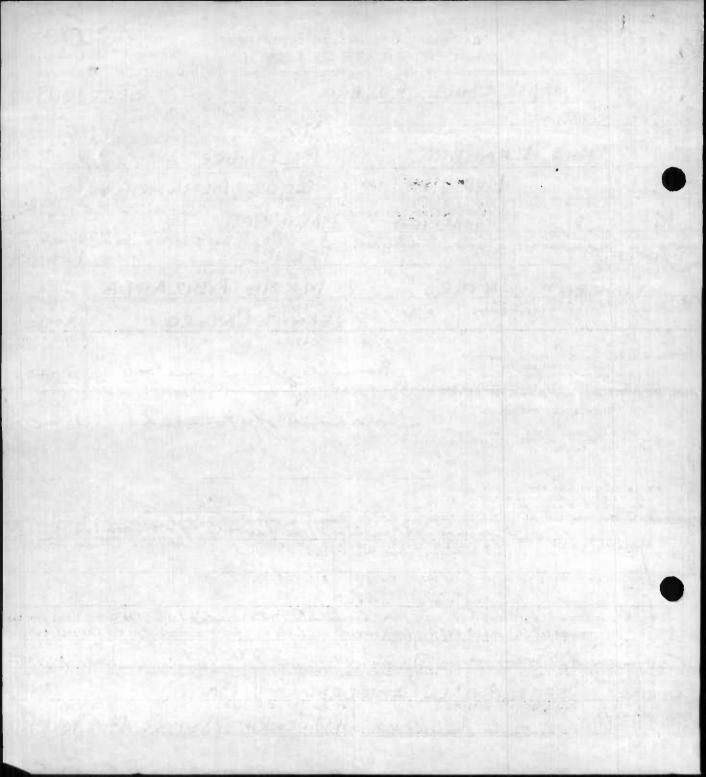
What organ ded the fibro cystin disease involve? Dec Down + File 50 - 8048 Parts & Stormon or Calie

2040

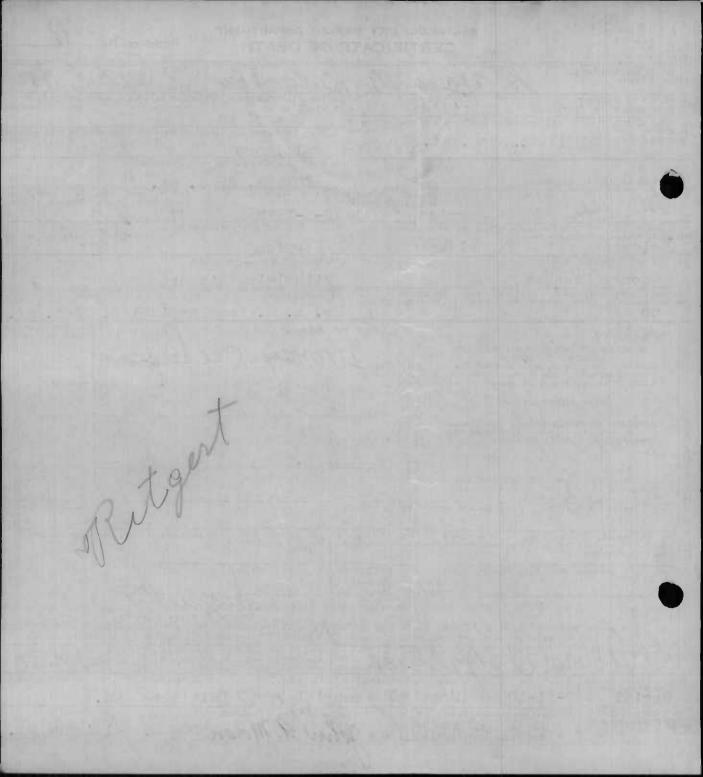
BII	5U RTH NO.	8043	CE	ERTIFICAT	E OF DEATH	Regis	stered No.	00.4.7
1.	NAME OF D	DECEASED JEAN	EMIL	E CAVE	RO	2. DATE OF DEATH	SEPT	18,1950
Α.		City, Maryland			4. USUAL RESIDENCE		lived. If instit	
HO	SPITAL OR STITUTION	5005 AL		give street address of location	C. CITY OR TOWN		ate limits, wr	ite RURAL and give township)
-			1 400	Yrs. Mos.	D. STREET ADDRESS	N	-01	radi
	SEX	6. COLOR OR RACE	7. SINGLE, MA	DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In	years Underday) Months	i Year It Under 24 Hours Days Hours Min.
10/	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	MAR 1 10B. KIND OF	RIED BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	3 45) 12.	CITIZEN OF
1	AINTE. FATHER'S N	ER	CON.	JT MOOSIN	FRANCE	N NAME		FRANCE
	VIN	JCENT ED EVER IN U. S. ARMED	CAVER		MARIE	ABIZA		
(You	, no or unknown)	(If yes, give war or dates	s of service)	S. SOCIAL SECURITY NO.	JEANNE C	AVERO	ADDR	SAME
CATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e.g., ans the disease, caused death.) SES IF ANY, GIVING STATING THE	CAUSE (A) Ser DUE TO (B) Case		reinomat.	oois	a mo.
L CERTIFI	TRIBUTING	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION DEF OPERATION	NOT RELATED	NDINGS OF OPE	RATION	e Co data		20. AUTOPSY?
MEDICA	21A. ACCIDE HOMICIDE	ENT, SUICIDE. (Specify)		OF INJURY (e. g., factory, street, office bldg.		(If in Baltimor	e City, give e	exact location)
4	P. TIME ((Month) (Day) (Year)) (Hour) 21E. m. WHILE WOR	RK AT WORK				
	22. I hereby certify that I attended the deceased from any 26, 1950, to Lept 18, 1950 that I last saw the deceased alive on Lept 16, 1950, and that death occurred at Liffm., from the causes and on the date stated above.							
	23A. SIGNAT	an R. Free	man	R. M. D.	11 W. 29 7	£ 51.	23 Se	pt 19,1952
TIO	N. REMOVAL (S	SEPT. 27	2,1950 NE	10.	DRAL SEM	BALTO,		MO.
S	EP 2019	BY REGISTRAR	s'signature	inue, H.B	H.W. JENKIN	100		SYORK RD

VS 150

56424



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 6 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Baltimore B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Maryland of not in bospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 2011 E. 32nd. St. Baltimore D. STREET ADDRESS Yrs. (If rural, give location life Mos igth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months: Days Hours Min. If Under 24 Hours Married 10-6-1892 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Saleman Real Estate Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Beacham Wilhelmina Ritgert 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. no Dr. E. G. Beacham 1721 B. 33rd INTERVAL BETWEEN CAUSE OF DEATH 18. 4201 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) QUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION 218. PLACE OF INJURY (c. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, glve exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 2. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \mathbf{k} , accident \square , suicide \square , homicide \square , undetermined \square . 234 23B. CHIEF MEDICAL EXAMINER 23c, DATE SIGNED ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION, REMOVAL (Specify) Burial 24C/NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24B. DATE 9-21-50 Moreland Memorial Md. Mur Faltimore DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS clan 3000 E. Paltimore. VS 151



6-620

BALTIMORE CITY HEALTH DEPARTMENT X 50 8051

BIRTH NO. 50 8051	CERTIFICA	TE OF DEATH	Registered No		
1. NAME OF OECEASED	EDITH CRO	55	2. DATE 0F 19 4 19	1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland	<u> </u>		Vhere deceased lived, If institute B. COUNTY	tion : residence before admission	
	al or institution, give street address locatio	or Maryland	Balteman		
INSTITUTION Mercy A	Loquital	C. CITY OR TOWN (If	outside corporate limits, write	e RURAL and give township	
	Yrs Mos	D. STREET ADDRESS (If	rural, give location)	2 1	
c. ngth of stay in Baltimore	Day	8 1134 Then	m Eagle K	oad	
F 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci	(y) Sune 8,1916	9. AGE (In years If Under I) last birthday) Months I		
10A. USUAL OCCUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 12. C	ITIZEN OF	
work done during most of working life, even if retired)	INDUSTR	Marylan	d w	HAT COUNTRY	
13. FATHER'S NAME	1.	14. MOTHER'S MAIDEN N.	AME		
15. WAS DECEASED EVER IN U.S. ARMED	D FORCES? 16. SOCIAL	17 INFORMANT	Esworthy		
(Yes, no or nnknown) (If yes, give war or date	s of service) SECURITY NO.		1134 Glenn Eagl	1 10	
18. 170x	CAUSE	OF DEATH		TERVAL BETWEEN	
DISEASE OR CONDITION	DIRECTLY		Or	ASEI AND DEATH	
(This does not mean the mode of	TH of dying, e.g., (A) Journ	lined Carcinoma to	is - Breast :	3 months	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO				
ANTECEDENT CAUS	ANTECEDENT CAUSES				
DISEASES OF CONDITIONS	(B)	•••••		*******************	
DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO				
U CHEZICATING CONDITION EX	101.				
E II	_(C)				
OTHER SIGNIFICANT CONDI					
O TO THE DISEASE OR CONDITION	CAUSING IT				
	9B. MAJOR FINOINGS OF OP	ERATION A	·	YES NO X	
21A. ACCIDENT, SUICIDE.	218. PLACE OF INJURY (e. g	, in or 21c. WHERE DID ()	If in Baltimore City, give ex		
HOMICIDE (Specify)	about home, farm, factory, street, office hid	g.,etc.) INJURY OCCUR?			
D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCUP	RED 21F. HOW OID INJURY	OCCUR?		
INJURY	m. WHILE AT NOT WHI	LE			
22. I hereby certify that I att		/16 ,19 50 to 9	1/9 1950 that	t I last saw th	
deceased alive on 7/19	, 1950, and that death occ	urred at 2:25 p.m., from t	he causes and on the dat		
23A. SIGNATURE	Rever Jam. D.	23B. ADDRESS		DATE SIGNED	
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		TERY OR CREMATORY 240. L	OCATION (City, town, or cour	nty) (State)	
Burial 9-22-	-50 St. John	s Cemetery E	Ellicott City.Md.		
	S SIGNATURE 1	25. FUNERAL DIRECTOR	ADD	RESS	
EP 201050	A THOMASON OF THE SAME	F.C. Higinbothom, E	Clicott City, Md		
VS 150	Company of the Company				

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The state of the s	1443	C-Company
Mary Hard Store (Education of the Call		

BALTIMORE CITY HEALTH DEPARTMENT 8052 Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) JANE **EVANS** Or Jennie Lyans DEATH September 19, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland Balto. A. STATE B. COUNTY before admission) B. FULL NAME OF I'f not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital Baltimore D. STREET ADDRESS (If rural, give location) IO Yrs. Mos. ngth of stay in Baltimore 110 N. Pine Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years I Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. female colored Single 5/10/1926 10A. USUAL OCCUPATION (Givekinder 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U.S.A. Private Family South Carolinia Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Eddy Evans Dewey 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Amanda Mozon 74I 4th. Washington D.C. 002X NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Pulmonary tuberculosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICA 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \boxtimes , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED

ASSISTANT MEDICAL EXAMINER...
MEDICAL INVESTIGATOR.....

Eling O. Wilson loss Branty

24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county)

Sept. 19.

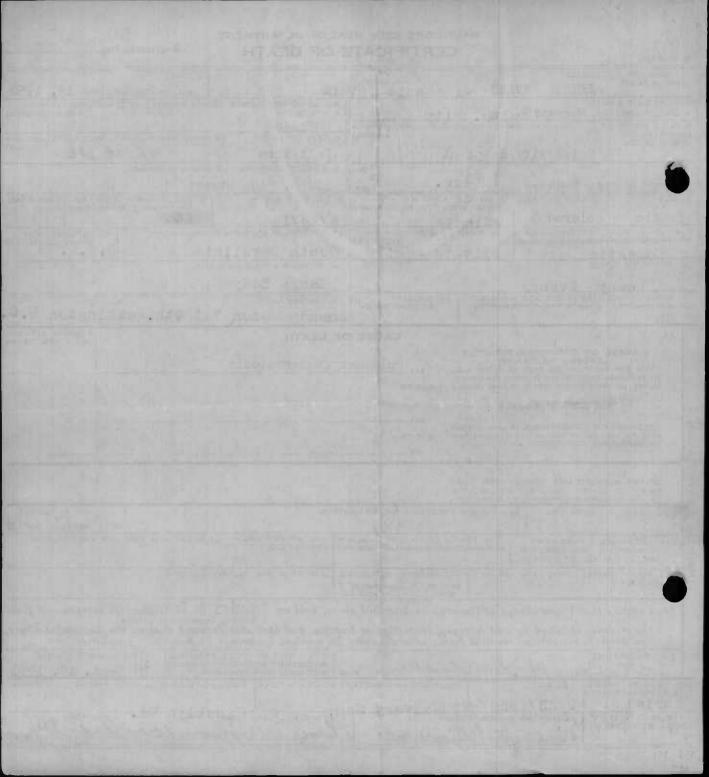
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24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

Buria]

24B. DATE



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50 8053 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF September 18, 1950 ANNA K. WHITE 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 1131 S. Clinton St. B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Life Mos. 1131 S. Clinton St. gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | If Under I Year | If Under 24 Hours | Months | Days | Hours | Min. 8. DATE OF BIRTH Female April 12,1896 White Married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House Work At Home U.S.A. Baltimore, Md.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Rudolph Hamilton Elizabeth Curry 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Howard White 1131 S. Clinton St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY (A) ADENOCARCIAIMA LEFT 19ABST 2 LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. OUE TO WITH CENERALIZED METASTASIS injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CARCINOMA 21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER. 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from 20 20 19 19 19 Sto 18 SEPT, 1959 that I last saw the deceased alive on 357, 19,50 and that death occurred at 1:20 Anthrow the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23C. DATE SIGNED 121 J. HILHLAND 24c. NAME OF CEMETERY OR CREMATORY

TION, REMOVAL (Specify

DATE RECEIVED BY LOCAL REGISTRAR

RTIFICATION

EDICAL

Oak Lawn Cemetery 25. FUNERAL DIRECTOR

THE PROPERTY OF

7225 Eastern Ave. Balto Co.Md.

Burial

ever 901 S. Conkling St.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered	No	

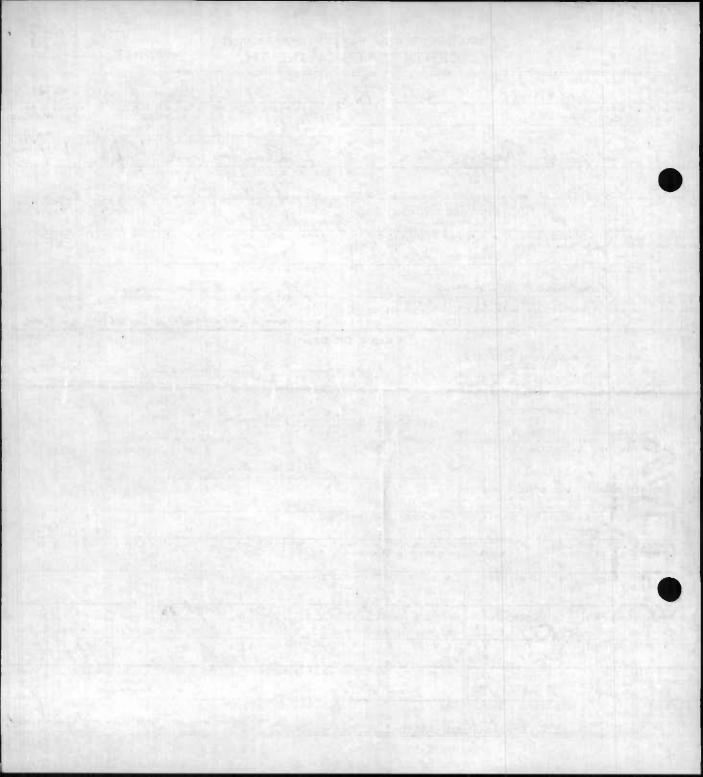
BIXTH NO.					
(Type or Print) MARGARET SHELDON	2. DATE OF DEATH 9-19-50				
S. PLACE OF DEATH: A. Baltimore City, Maryland S. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) HOSPITAL OR INSTITUTION LBON SECOURS HOSP, BALT. Md.	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)				
Cength of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years H Under 1 Year H Under 24 Hours Inst birthday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) BALTIMORE MS. 14. MOTHER'S MAIDEN NAME				
John Sinnolt	Zinknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Sharles Shelden - 436 n. Robinson St				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (B) (B) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?				
Z 1A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY m. NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 JUNERAL DIRECTOR ADDRESS				
SEP 27 1950 Tuntington Millianic, Mo	Frederick D. mille, Ine 3019 F. Monument St				

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BALTIMORE CITY HEALTH DEPARTMENT

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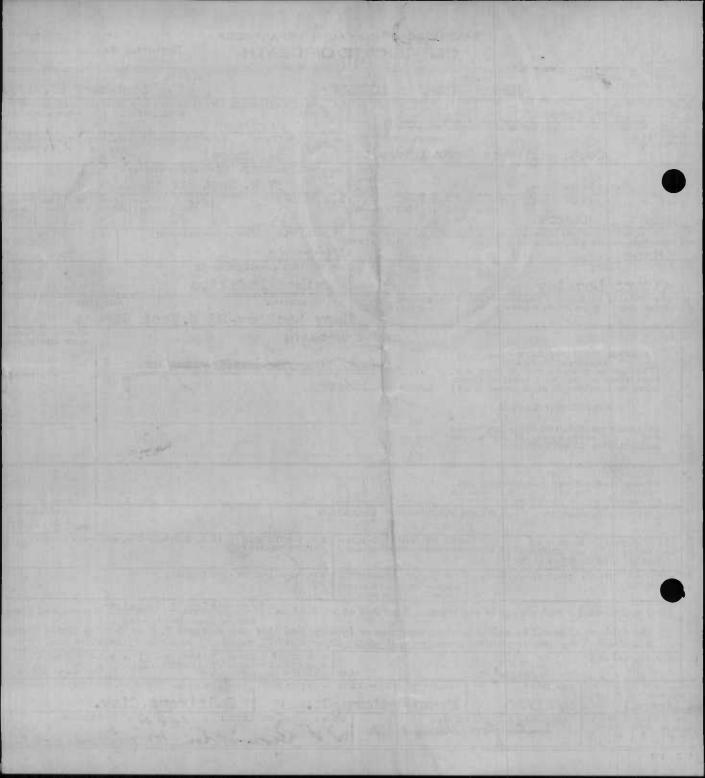
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) C. WARREN OF THOMAS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limit, write RURAL and give township) HOSPITAL OR location) C. CITY OR TOWN INSTITUTION (If rural, give location) Yrs. O. STREET ADDRESS Mos. c. Leigth of stay in Baltimore Days 9. GEAn years 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) 6. COLOR OR RACE last birthday) Months: Days Hours Min. 5. SEX marices 11. BURTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. Do or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 272 4lles 33 INTERVAL BETWEEN 18. 260 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION (19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) NJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby cortify that I attended the deceased from 19 that I last saw the 19 TV, and that death occurred at m., from the causes and on the date stated above. deceased dlive and 23C. DATE SIGNED 23A. SIGNATURE 23B. ADDRES 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY! 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 7-21-50 DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



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Registered No. 8056

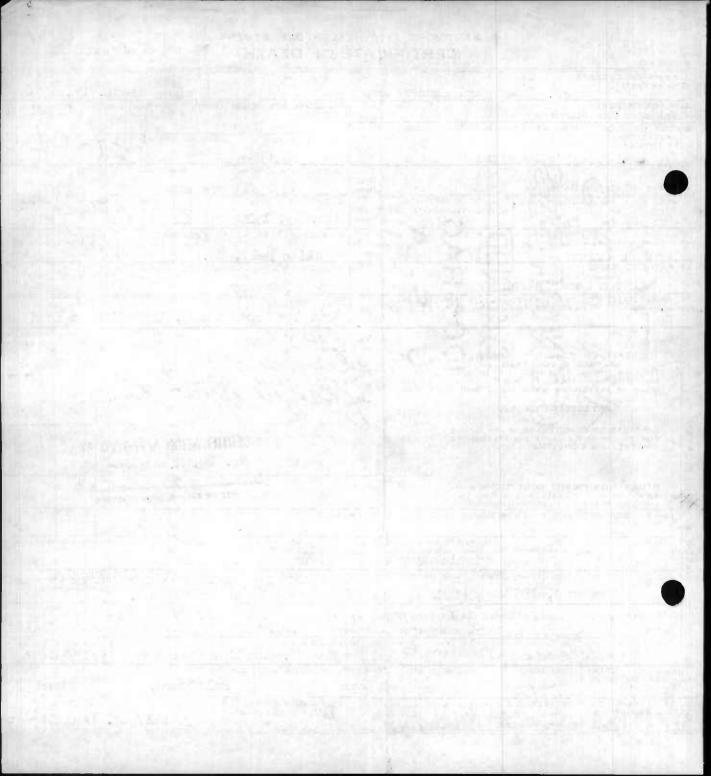
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) JOHN HENRY LOCK	KLEY OF September 18, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address	or Maryland
HOSPITAL OR locatio	C. CITT OR TOWN (II dutate corporate mant, write to that and give
South Baltimore General Hospita	al Baltimore
Yrs Mos	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	
Male Colored WIDOWED, DIVORCED (Special	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
None	Virginia
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Lockley	Esther Phillips
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yos, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Mary Lockley-37 W. West Street
heart failure authoria etc It means the disease	riosclerotic cardiovascular sease
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPI	ERATION 20. AUTOPSY? YES NO X
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21b. PLACE OF INJURY (e.g. about home, farm, fectory, atreet, office bld, about home, farm, fectory, atreet, office bld, uting CAUSE OF DEATH. 21c. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCUR	RRED 21F, HOW DID INJURY OCCUR?
	l above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry r Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural caus	ses \square , accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE	ASSISTANT MEDICAL EXAMINER
TION, REMOVAL (Specify)	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 9/21/50 Mount Aubu	Baltimore, City.
SFP 21 1950	V. L. Drown of low montgopping St
V S 151	W s a - 1



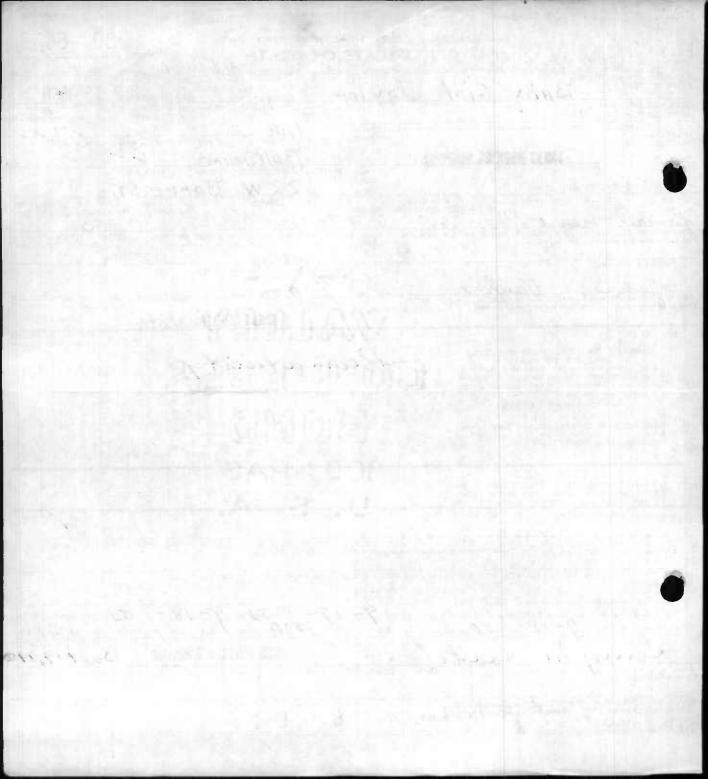
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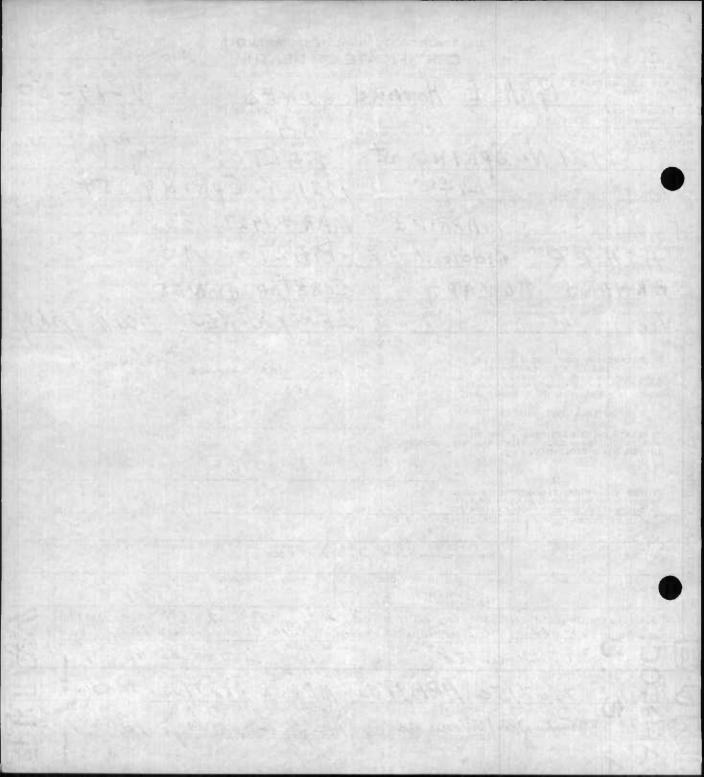
BIRTH NO.				
1. NAME OF DECEASED (Type or Print)			2. DATE	
Mr. Elme	er Earl Hendrickson		DEATH SE	pt. 19, 1950
s. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	There deceased lived, I B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	al or institution, give street address or location)	Maryland c. CITY OR TOWN (If	outside corporate lim	nite write RURAL and give
# St. Joseph's Hosp	oital	Baltimore	L	· / whomp
ngth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If)		
5. SEX 6. COLOR OR RACE	7. SINGLE MARRIED	8. DATE OF BIRTH	9 AGF (In years	If Under 1 Year If Under 24 Hours
Male White	WIDOWED, DIVORCED (Specify) Married	Jan. 23, 1928	last birthday) N	Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
Truck Driver	Self Employed	White Hall, Mc	1.	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	1
Clinton Hendrickson		Ethel Cursey		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or nnknown) (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		Jeanetta Hendric	kson, 1332 l	Kitmore Road
DISEASE OR CONDITION IN LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which continues the state of	DIRECTLY H f dying, e. g., (A) sthe disease, aused death.) ES (B)	Canus Lanus upound of right of	racture rear to	INTERVAL BETWEEN ONSET AND DEATH 3 days
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA: UNDERLYING CONDITION LA: UNDERLYING CONDITION LA: UNDERLYING TO THE DEATH, BUT	CERTIF Dr. 1	TICATION APPRO	VED BY	
ř II	(C)		The state of the s	ar per
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	CHIEF O	OR ASST. MEDICAL EXA	MLD.
	B. MAJOR FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident	aryland	, give exact location)		
September 4, 1950		Boach holl mic	sed it and ag the toe.	e kicking struck toe on
22. I hereby certify that I atte	ended the deceased from 91	/17/ 1950 to	9/19/19	50 that I last saw the
deceased alive on 9/19/				
23A. SIGNATURE		38. ADDRESS 1400 N. Caroline		23c. DATE SIGNED 9/19/50
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC		n, or county) (State)
burial 9/22/50	Oak Law	m Ba	ltimore,	Maryland
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR SEP 2 1 1950	SIGNATURE	25 FUNERALI DIRECTOR	1217 8	ADDRESS St. Paul Street
VS 150				



Hospital Disposal BALTIMORE CITY HEALTH DEPARTMENT 5					
BIRTH NO. 57-19746 CERTIFICATE OF DEATH A 80.5-80					
1. NAME OF DECEASED (Type or Print) BABY GIA TAY OF Emma" 2. DATE OF DEATH SEP	1 8 1050				
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE A. STATE B. COUNTY	titution: residence before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	171				
13 Altimore.	township)				
yrs. ngth of stay in Baltimore Yrs. Mos. Days 1, 2, 2, 10/1 Baltimore The stay in Baltimore On the stay in Baltimore Yrs. Mos. Days 1, 2, 2, 10/1 Baltimore					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years					
Semale nearo S. 9-15-50	3				
OA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME					
15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL 17 INFORMANT					
(Yes, no by unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT SECURITY NO.	RESS				
18. 776X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
ANTECEDENT CAUSES	So that the				
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERLYING CONDITION LAST. (C)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	1				
19A. DATE OF OPERATION 19B MAIOR FINDINGS OF OPERATION	20. AUTOPSY?				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give location of the bldg., etc.) INJURY OCCUR?	exact location)				
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
m. WHILE AT NOT WHILE WORK AT WORK					
22. I hereby certify that I attended the deceased from 9-17-, 1950 to 9-18-, 1950ti	hat I last saw the				
deceased alive on 9-18-, 1950, and that death occurred at 150 Am., from the causes and on the causes are caused at the causes and on the causes are caused at the caus	7-44-1 1				
Herry by Leitel M. D. HOPKINS HORPYMES S	3c. DATE SIGNED				
11.0.	3c. DATE SIGNED 2pt 1950				
24a. BURIAL, CREMA 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or of the control of	3c. DATE SIGNED 2pt 1950				
24a. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or of Company) 24D. LOC	3c. DATE SIGNED 2pt 1950				



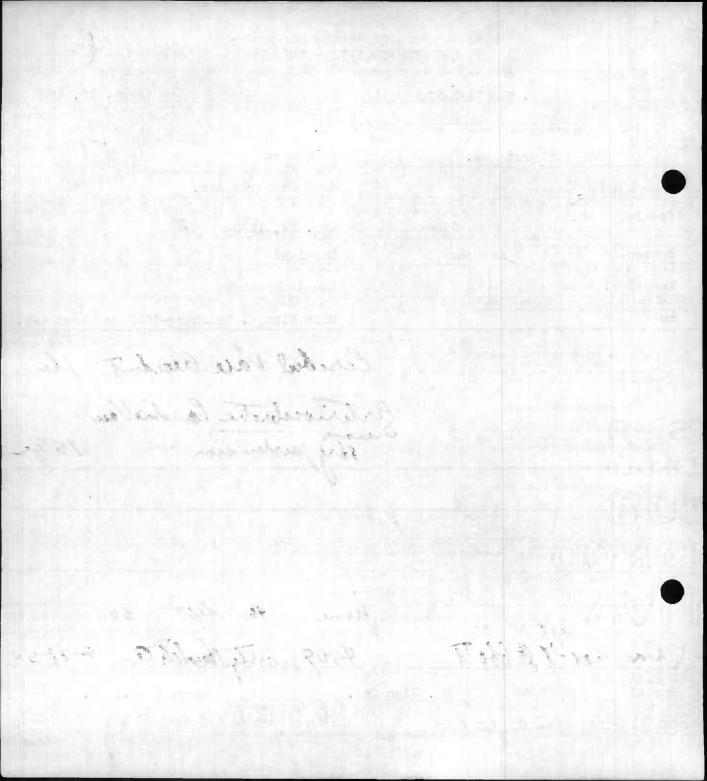
L	120				
В	2000		OF DEATH	Registered No.	000.3
	NAME OF DECEASED GRACE He	OWARE	DONES	2. DATE OF DEATH	19-50
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (VA. STATE	Where deceased lived, If ins	titution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give	street address or location)	c. CITY OR TOWN (II	outside corporate lights	ril R RAL and give
1	STITUTION 1721 N. SPRIN	7 ST.	BALTO;	4-	township)
c.	Length of stay in Baltimore Life	Yrs. Mos. Days	1721 N. ST	rupal, give location	7.
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARE WIDOWED DIV		8. DATE OF BIRTH 1 MAR 4,1927	9. AGE (In years HUM 23 last birthday) Month	ler I Year If Under 24 Hours Days Hours Min.
	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUdopeduring most of working life, avan if retired) A. H. R. B.	NOVIE	BALTO,	m d	CITIZEN OF WHAT COUNTRY?
	ERNARD HOWARD		14. MOTHER'S MAIDEN N	AME XX/E.F	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service)	CIAL CORITY NO.	17. INFORMANT	ADD ADD	RESS TORING
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	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		cute encums	Pilara	Swile.
	(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	(A)	cice encum		
	injury or complication which caused death.) DU ANTECEDENT CAUSES	7E 10			
NO	DISEASES OR CONDITIONS, IF ANY, GIVING	(B)		•••••	
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IFIC		(C)			
Ш	OTHER SIGNIFICAN CONDITIONS CON-				
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MED	HOMICIDE (Specify) about home, farm, factor				
	TIME (Month) (Day) (Year) (Hour) 21E. IN.	JURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
	m. work 22. I hereby certify that I attended the deceas	4	-29 , 1950, to	9-19 1950	that I last saw the
	deceased alive on 9-15, 1950, and the	at death occurr	red at 2.10 P.m., from t	he causes and on the	date stated above.
	23A. SIGNATURE, C. Beverlf	M. D.	BB. ADDRESS	smill IN	9/VILS
	A. BURIAL, CREMA- 248 DATE 24C NA	ME OF CEMETER	Y OR CREMATORY 240 K	OCATION (City, town, or	county) (State)
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1. NAME OF DECEASED (Type or Print) F. REE RAMSBURG 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or				IC PITP C		2. DATE OF	ent 19 1050
				WS BURG	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission		
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HOSPITAL OR location)			C. CITY OR TOWN	(If outside corporate)	mits, write RURAL and give		
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5.	female	6. COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	s If Under I Year If Under 24 Hours Months Days Hours Min.
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rorl	done during most of Housewif	UPATION (Give kind of working life, even if retired)	At Hon	O OF BUSINESS OR INDUSTRY		or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N		2101	T.C.	Maryland 14. MOTHER'S MAIDEN	NAME	
	Samuel F				Laura Harbaug		
15	. WAS DECEASED	EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
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	22. I hereby deceased ali 23 SIGNAT		ended the	deceased from and that death occur	7509 7 RIT		on the date stated above
24 TI	AA. BURIAL, CI ON, REMOVAL (Sp Burial	REMA- 248/DATE pecify) 9/22/50		24C. NAME OF CEMETE		D. LOCATION (City, to	
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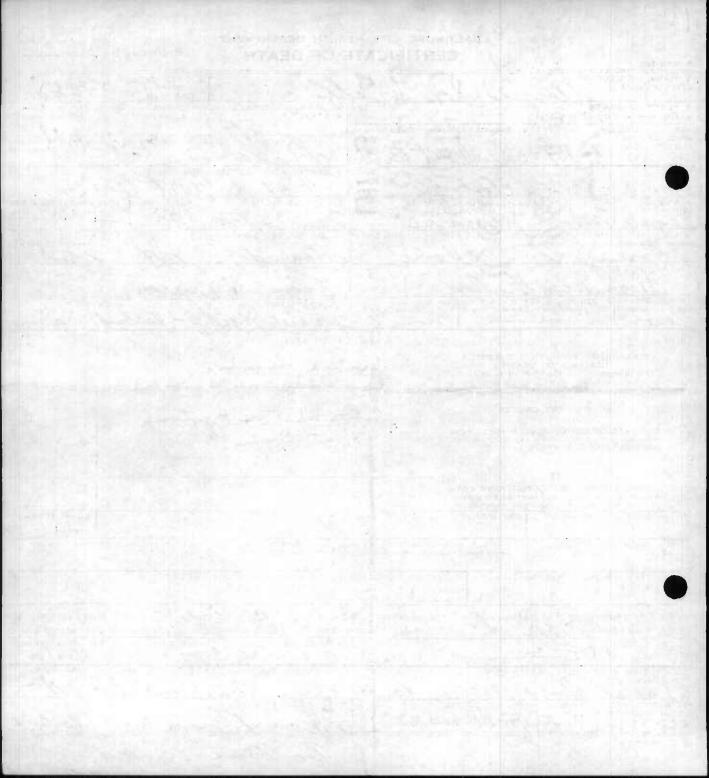
Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH AXMOND GROVE 4. USUAL RESIDENCE (Where deceased lived. If institution : west 3. PLACE OF DEATH: A. Baltimore City, Maryland METCY before admission) A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or 706461 location) HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. WOS. c. Length of stay in Baltimore Days 9. AGE (In years | if Under 1 Year | if Under 24 Hours | Months | Days | Hours | Min. S. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH Divorced 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY The Thereby Wholesale Meat 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknnwo) (If yes, give war or dates of service) O7GEGYRITANS INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 cramel prise EDIC 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21c. WHERE DIDY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or about hnme, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 3-14-50, 19, to 9-19-50, 19, that I last saw the deceased alive on 9-19-5019 ____ and that death occurred at \\ \frac{145}{45} \rho m., from the causes and on the date stated above. 23C. DATE SIGNED 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 4D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Holy Redeemer Cem Burial 9/21/50 Balto. Md DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 1 - 15" W. L. B. 1950

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B. FULL NAME O		ital or institution	n, give street addre	42 \	TY OR TOWN	(If outside compared lin	its write A Rodrand give	
INSTITUTION	429	5. H	ort Care	6.61	(1) ///	noise la	township)	
	, , , ,	0.	1	rs. D.ST		15 rupul/give location)		
c. Length of sta		Mont	60	пув	4296	· Hort C	ive.	
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15. WAS DECEASED	EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURITY N	17-11	NFORMANT ()	201	ADDRESS /	
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H TRIBUTING	TO THE DEATH, BU	T NOT RELATED		*****************	***************************************			
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ID. TIME (M	Ionth) (Day) (Yea		IE. INJURY OCC		IF. HOW DID INJU	RY OCCUR?		
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22. I hereby	eertify that I a			المحرار	1 11		, that I last saw the	
deceased alia	/		nd that death o	eeurred a		the causes and on	the date stated above.	
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24A. BURIAL, CR	REMA- 24B. DATE	dat 2	4c. NAME OF CEM		CREMATORY 24D.	LOCATION (City, tow	n, or county) (State)	
8) urial	Clept. 2	3,1950	Dedord	Bell	Com. Ru	ne aranole	lo. mg.	
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) September 20, 1950 **JERRY** ISSUE G LOUIS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR location) (If outside corporate limits, write kUltaL and give C. CITY OR TOWN INSTITUTION Mercy Hospital township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2207 N. Barclay Street ength of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours last birthday) Months: Days Hours; Min. WIDOWED, DIVORCED (Specify) Colored 3-10-96 Male CL Harried 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 109, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? aiten 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME noun 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH 2011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary arteriosclerosis with (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, occlusion injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 1 20. AUTOPSY DICAL YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH. ID. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE AT WORK WORK Inso & Inquiry 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses \(\mathbb{A}\), accident \(\mathbb{D}\), suicide \(\mathbb{D}\), homicide \(\mathbb{D}\), undetermined \(\mathbb{D}\). 23A. ŞIGNATURE 23B. CHIEF MEDICAL EXAMINER..... 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER 9-20-50 MEDICAL INVESTIGATOR .. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or equnty) 24A. BURIAL, CREMA- 24B DATE TION, REMOVAL (Specify)

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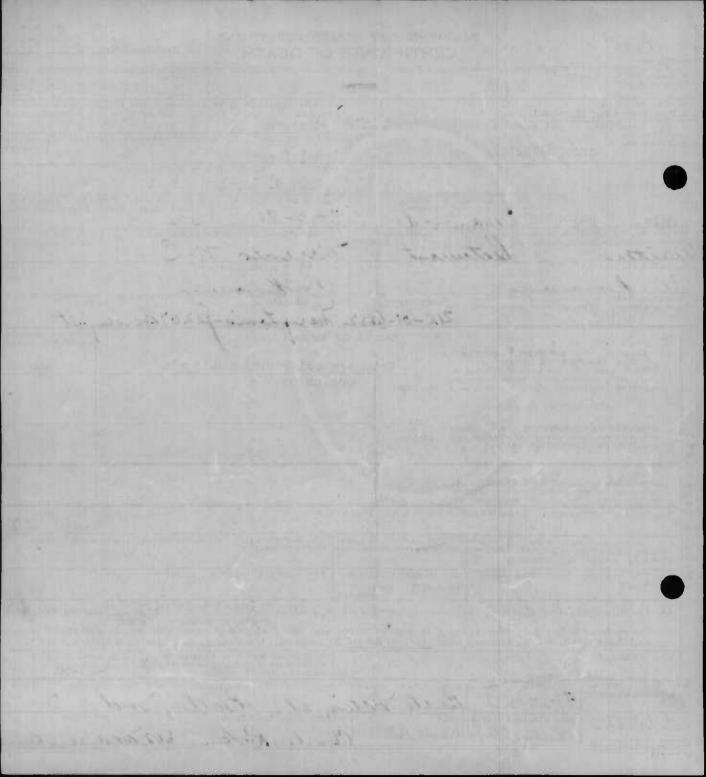
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LOCAL REGISTRAR

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0	90	Home.	- 0	Yrs.	D. STREET DDRESS (If rural, give loss (in)	× 44.
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15	5. WAS DECEASES, no or unknown)	D EVER IN U. S. ARMEI		SOCIAL	17. INFORMANT	allesen	DDRESS
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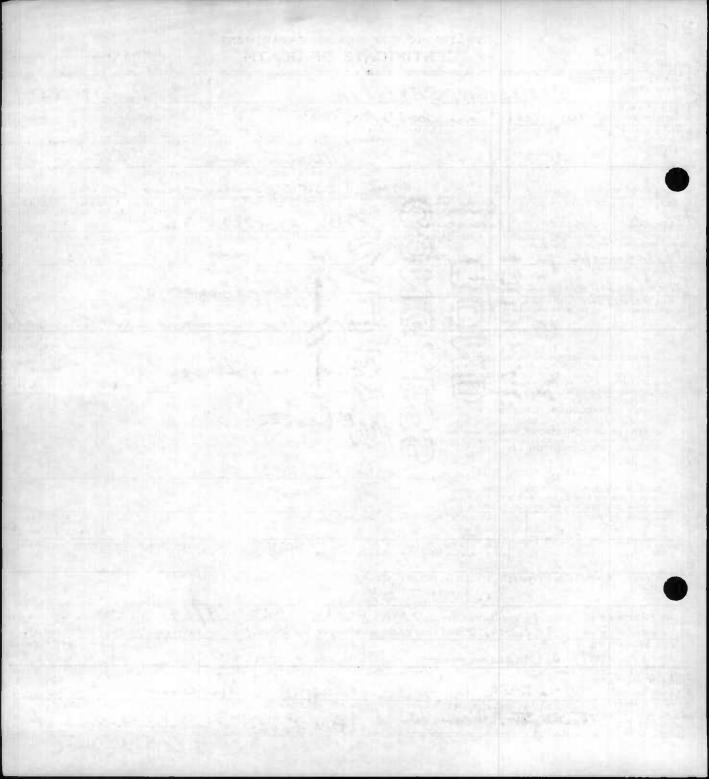
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BALTIMORE CITY HEALTH DEPARTMENT Registered No ._ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF P. SEYMOUR DEATH LOT. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 2355 B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits) INSTITUTION (If rural, give location) Yrs. ADDRESS Mos. 304M Days Length of stay in Baltimore 5. SEX 6. COLOR OR RACE MARRIED AGE (In years last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of) 10s. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) SOCIAL SECURITY NO. 7-07-9394 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT WORK , 19 Sthat I last saw the 22. I hereby certify that I attended the deceased from. 1910, and that death occurred at 6:304 m., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL CREMA-REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S' SIG FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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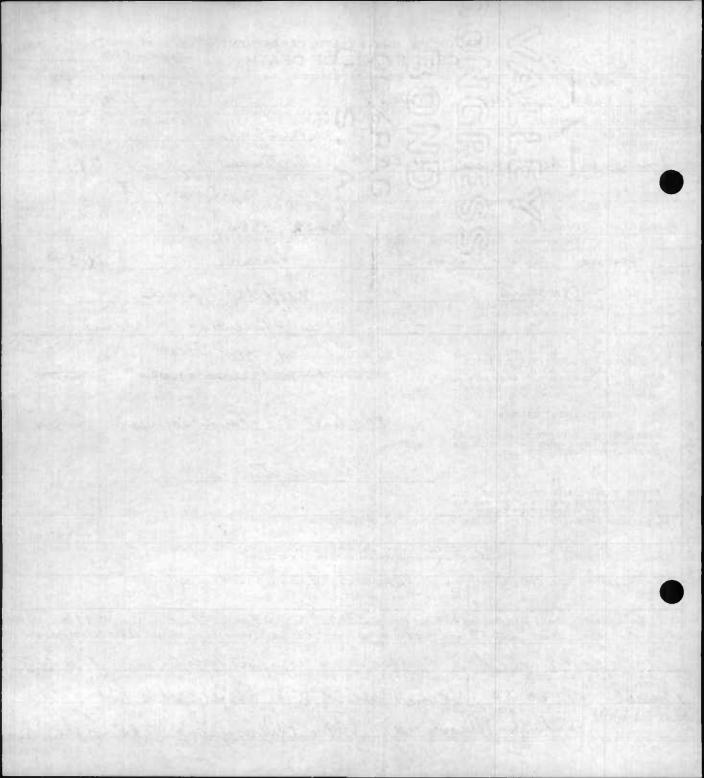
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BALTIMORE CITY HEALTH DEPARTMENT

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В	RTH NO. 5U	0000		CERTIFICAT	E OF DEATH	Kegistered	1 No
1. NAME OF DECEASED (Type or Print) 2. DATE (Type or Print)							
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			2	Yrs.	D. STREET ADDRESS (If	rural, give location	7
		tay in Baltimore	,	Days		Gernery &	€
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Months: Days Hours Min.
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10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
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Ì			m.	WORK AT WORK			
	22. I hereb	y certify that I at	tended the		/14 ,1950, to	9/20,19	Sothat I last saw the
8	deceased al	ive on 9/20	, 1950,	and that death occu	rred at 10 Am., from t	he causes and on	the date stated above.
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	n	lark 5 /de	LX.)	K м. р.	Wernen's	toes	9/20/00
24 TIC	A. BURIAL, C N. REMOVAL (S	REMA- 24B. DATE	2	4c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tov	wn, or county) (State)
	Burial	9-23.	50 1	edas Li	el 8 1 Mis	nasolis	Kd Md.
D	IE RECEIVE	REGISTRAR	S SIGNATU	RE	25. FUNERAL DIRECTOR		ADDRESS
3	The Sepial	Thurster	m Nuli	ANIL M.M	John 7 Donous	Jue 71	5 Bight St
_		7		- Ulas	INIUR JUNE TO THE		D - 1 - 1 - 1



D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE! WHILE AT WORK AT WORK

22. I hereby certify that I attended the deceased from march, 1948, to

deceased alive on 19 June 19 and that death occurred at 12:05 mAfrom the causes and on the date stated above. 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

SEPT. 21/50 Baltimore National REGISTRAR'S SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY

23B. ADDRESS

24D. LOCATION (City, town, or county)

Baltimore Maryland

23c. DATE SIGNED

. 19 2, that I last saw the

ADDRESS

BURIAL DATE RECEIVED BY LOCAL REGISTRAR

ZENFUNDRAL DIRE

21F. HOW DID INJURY OCCUR?

Eutaw Place

0221/01 . 2414 Be Section . The and a great way of the world of the land British FO ISSE-Make St. garte and District Law Land

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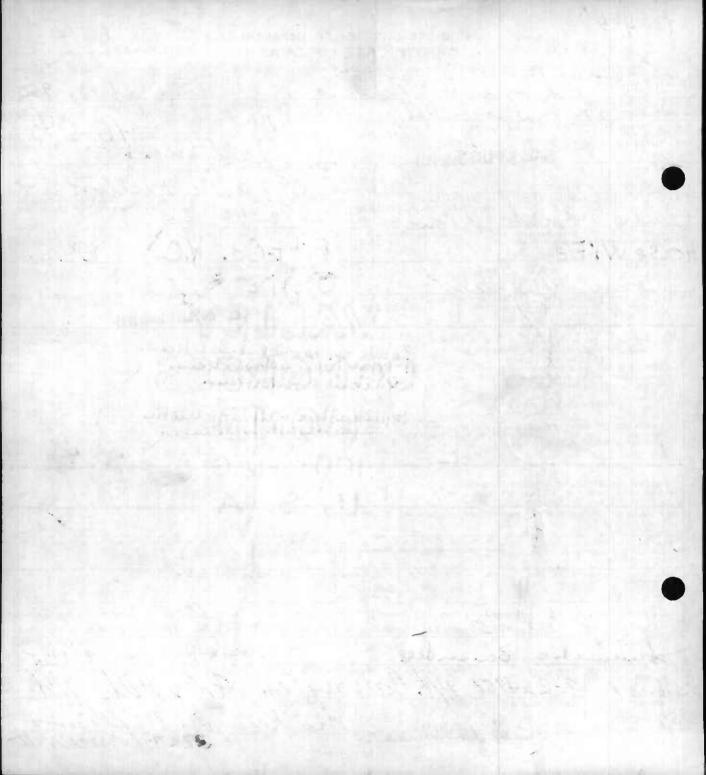
50 8068 Registered No.

BIRTH NO.	E OF DEATH				
1. NAME OF DECEASED (Type or Print) MORGAN E	DASCH 2. DATE OF P-20-50				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND				
INSTITUTION MARYLAND GENERAL HOSP.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give BALTIMORE / 6-0 township)				
congth of stay in Baltimore 53 Yrs. Mos. Bars.	b. STREET ADDRESS (If rural, give location) 637. N. AUGUSTA AVE				
5. SEX MALE 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9. AGE (in years if Under 1 Year Months Days Hours Min.				
10A) USUAL OCCUPATION (Give kind of 10B, KIND, OF BUSINESS OF) work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
Mallomet Sypaine les	BALTIMORE, MO WHAT COUNTRY				
13. FATHER'S NAME A.	14. MOTHER'S MAIDEN NAME				
WILLIAM DASCH	ELLA GOSNELL				
15. WAS DECEASED EVER IN A ARMED RORCES? 16. SOCIAL (Yes, ab or unknown) (If yes give for order of thervice) LLO A. JOHN JOHN 1-01-6500	Min Chra . Dasch 637 Mugute Pre				
18. 154X , CAUSE	OF DEATH VITERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES					
Z DISEASES OR CONDITIONS, IF ANY, GIVING	ECTAL SARCOMA Lyr				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(c)					
L 11					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER					
MAY 1950 METASTATIC 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6. g., i					
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	INJURY OCCUR?				
21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURR INJURY WHILE AT NOT WHILE					
m. WHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from \$-27, 19, to 9-20, 1950 that I last saw the deceased alive on 9-20, 1950 and that death occurred at 10:20 m., from the causes and on the date stated above.					
	38. ADDRESS				
244 BURIAL CREMA- 24B DATE 24C. NAME OF CHMETE	RY OR CREMATORY 24p. LOCATION (Cir.), town or county)/ state)				
Jurial May 23:1930 # Modalau	n Valumore Clo. Maryland				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Surgel Fineral Jone 3631 Hold Road				
VS 150	Rosa F. Burgee 041 A				
	100				

HARRAN E who generalized in the works by TO COLUMN PROBLEM, SERVE 北京 中华

6-420 BALTIMORE CITY HEALTH DEPARTMENT 8069 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN If outside corporate limits write RURAL and give INSTITUTION township) HANDS MOPILES MOSETHE maze Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Davs 6. COLOR OR RACE _ 7. SINGLE, MARRIED AGE (in years WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Vidowes 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of work in this, even if retired) INDUSTRY WHAT COUNTRY S MAIDEN NAM nu 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) **ADDRESS** SECURITY NO. FORES HOPKIES BUSETTE 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH ? A unte nuocardial restarction. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. DUE TO Digitalis interication injury or complication which caused death.) ANTECEDENT CAUSES (B) Hupertereive + Orterio Pelerotic DISEASES OR CONDITIONS, IF ANY, GIVING cardiovalcular disease. RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! AT WORK 22. I hereby certify that I attended the deceased from 1920 to 9 -18-. 19 Q that I last saw the deceased alive on 1 - 18-, 19 50, and that death occurred at / Int., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED de 24A. BURIAL, CREMA-24C. NAME OF EMETERY OF CREMATORY 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS OCAL REGISTRAR VS 150

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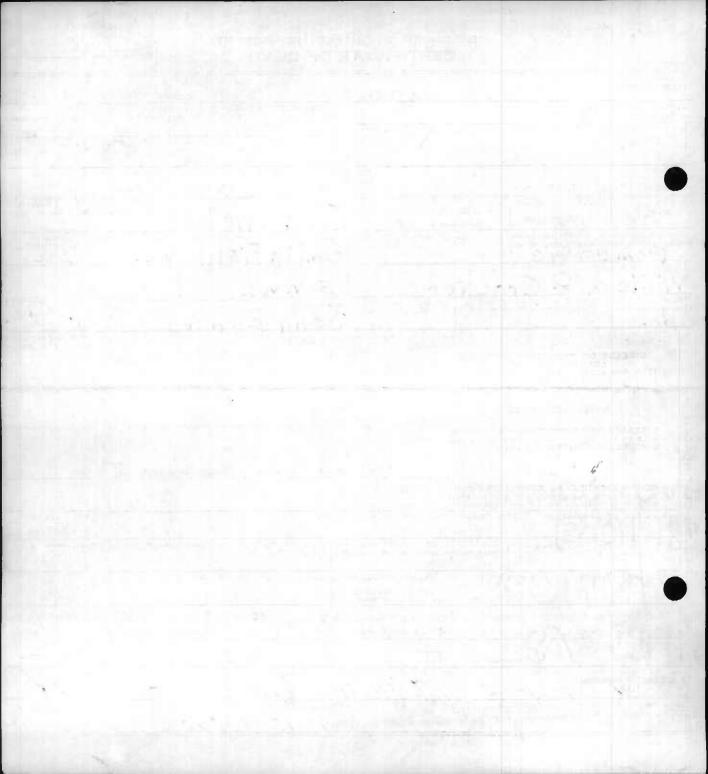


50 8070

Registered No.

BIRTH NO 1. NAME OF DECEASED EDWARDS, GEORG IA (Type or Print) 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate in write RURL, and give INSTITUTION . township) 19 Yrs. D. STREET ADDRESS (If rural, give location) Mos. length of stay in Baltimore Jara Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR tate or foreign country 12. CITIZEN OF work done during most of working life even if retired) INDUSTRY WHAT COUNTRY ONICS a 13. FATHER'S NAME 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES NO 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, fectory, street, office hidg., etc.) INJURY OCCUR? Ξ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 1950, to_ 22. I hereby certify that I attended the deceased from. _. 1950 that I last saw the Pm., from the causes and on the date stated above. 1950, and that death occurred at 1 deceased alive on. 23A. SIGNATURE 23B. ADDRESS . 23c. DATE SIGNED 24A. BURIAL, CREMA-240 DOCATION CHY, town, or edupty) DATE RECEIVED BY L DIRECTOR ADDRESS REGISTRAR

VS 150

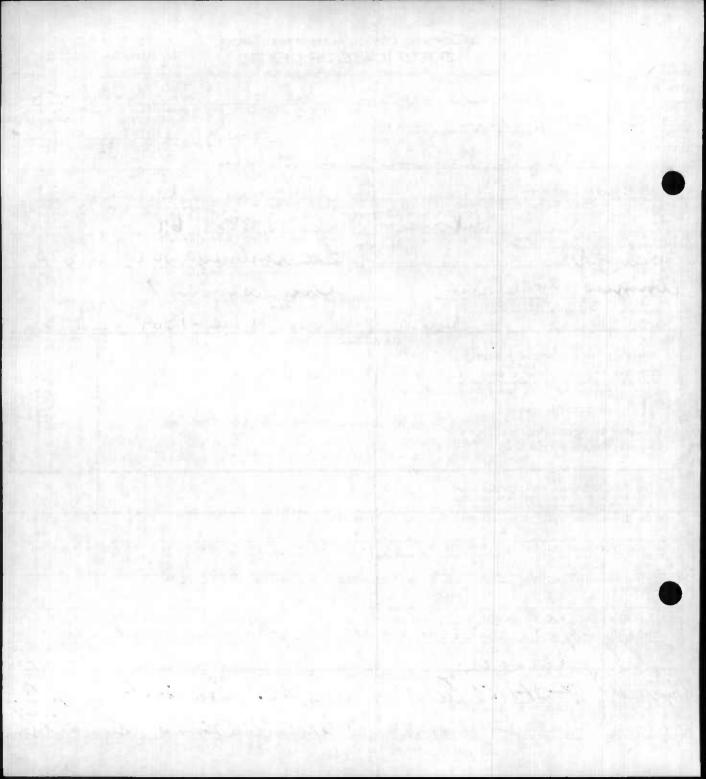


5-322 50 8071

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8071

BIRTH NO.	IL OI DEATH
1. NAME OF DECEASED Carrie Stack	2. DATE OF DEATH 9-20-50
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address location institution) 1009 hourtle Queens Yrs	c CITY OR TOWN (If outside corporate limits; write RURAL and give township)
c. Ingth of stay in Baltimore Day	112-0 h . H O
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Special Control of Contro	8, DATE OF BIRTH 9. AGE (in years If Under I Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) Laurubua, N. C WHAT COUNTRY?
angus me Clain	Charles and ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or uokoown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Odesta Harris - 12 09 muttle One
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (C)	ic Carlis Valenda Pend INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPI	ERATION 20. AUTOPSY7 YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidged cause of Death	
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR WHILE AT NOT WHILE AT WORK	LECT
22. I hereby certify that I attended the deceased from deceased alive on 10, 1950, and that death occ 23A. SIGNATURE	, 19 , to september 20, 1970, that I last saw the arred at 7 m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, GREMA- 24B. DATE TIENVREMOVAL (Specify) 9-21-1950 Lawrink	angle C. Fauring M. C.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Mrs Katie R. Williams Schroder dx
VS 150	1312

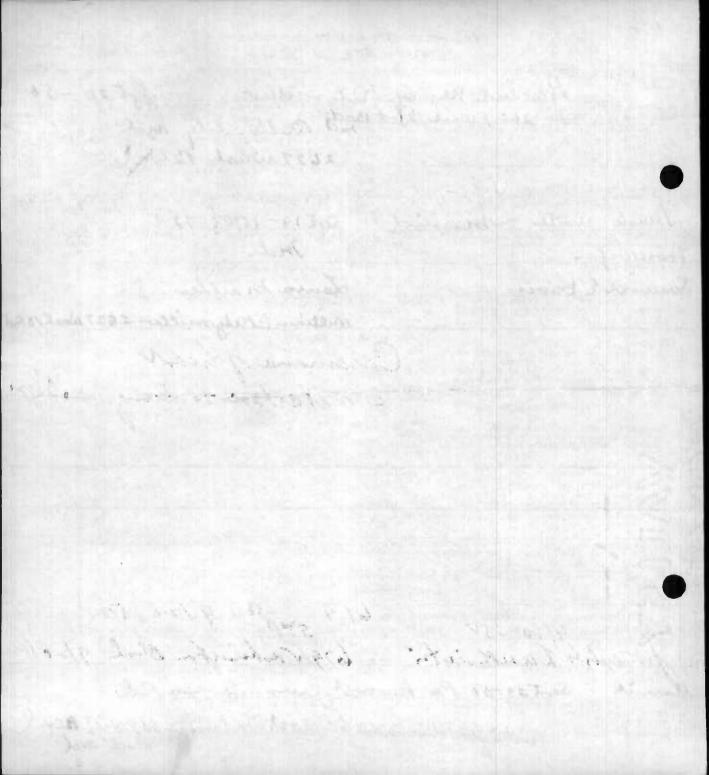


BALTIMORE CITY HEALTH DEPARTMENT 8072 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A Baltimore City, Maryland 262 7 B. COUNTY before admission) (If not in hospital or institution, give street address FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION 2627 Was D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE GLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | ff Under I Year | If Under 24 Hours | Inches | WIDOWED, DIVORCED (Specify) narried 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of) 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF workdone during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yee, give war or dates of service) (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION YES (If in Baltimore City, give exact location) 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT WORK 20, 19 Othat I last saw the 22. I hereby certify that I attended the deceased from ____ 19 . and that death occurred at 5 m., from the causes and on the date stated above deceased alive on. 23/A/SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

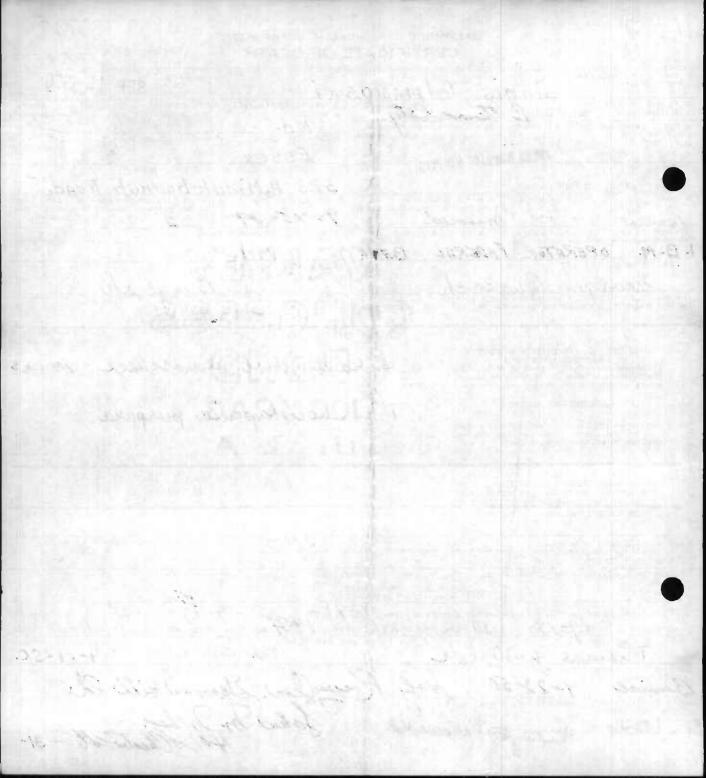
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VS 150

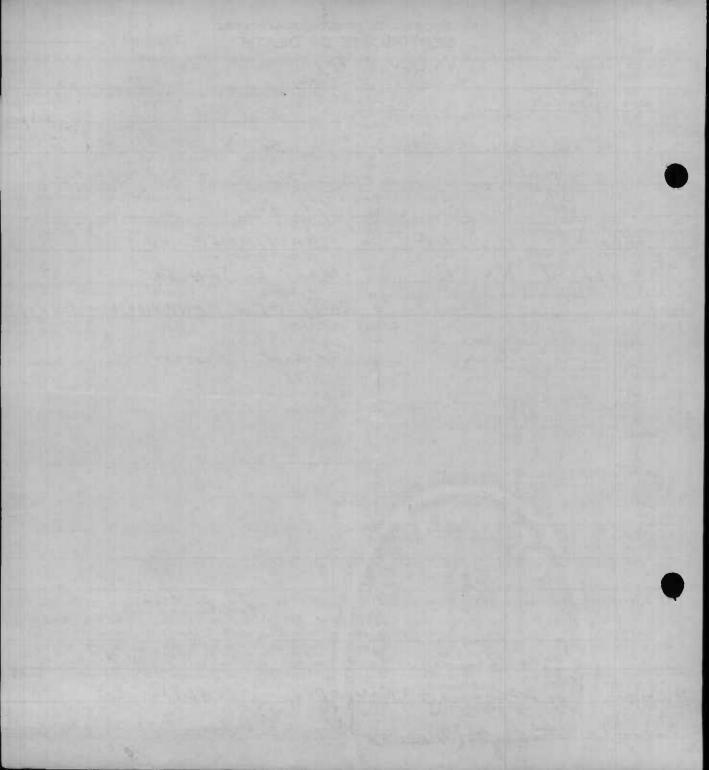
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	CATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH:	MOSKI SEP 19 1950 1 4. USUAL RESIDENCE (Where deceased lived, If institution: residence
a. Baltimore City, Maryland Salkane City B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION)	ddress or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
and the stay in Baltimore	Yrs. Mos. Days 323 A. Middlebourgh Road.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DYORCE MARRIED. WI	S OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME BUT EACH	14. MOTHER'S MAIDEN NAME Theres. a. Bugaes Ari.
15. WAS DECEASED 5 FR IN U, S. ARMED FORCES? (Af yea, give war or dates of service) 16. SOCIAL SECURIT	SORM'S MUPHINS HUSPITAL
	Lisambouy to penia purpuka
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS (F OPERATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) INJURY 22. I hereby certify that I attended the deceased from deceased alive on 9-19-, 1950, and that deal 23A. SIGNATURE	CCURRED 21f. HOW DID INJURY OCCUR? OT WHILE AT WORK m 9-18-1950 to 9-19-, 1950, that I last saw the courred at 145 mm, from the causes and on the date stated above 23b. ADDRESS ADDRESS AD
24A. BURIAL, CREMA- 24B. ATE TION REMOVAL (Specify) 24C. NAME OF THE RECEIVED BY REGISTRAR'S SIGNATURE 100AL BURIAL, CREMA- 24B. ATE 24C. NAME OF STATE RECEIVED BY REGISTRAR'S SIGNATURE	CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) State) Jenna Hill Rd. 25. FINEDAL DIRECTOR ADDRESS
P 21 1950	John m. Helper.
VS 150	34171 40/ SChesler 50 -31-



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH KNOPP 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: A. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) of not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) EURAI and give township) C. CITY OR TOWN (If outside corporate limits write INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore 4162 Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (in years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, aven if retired) INDUSTRY WHAT COUNTRY? IMOIL 13. FATHER'S NAME . SANDERS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO. THERINE.M. KNOPP 4102 HAMILTON AVA unknow NTERVAL BETWEEN CAUSE OF DEATH 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WORK AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 48 DATE 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY LOCAL REGISTRAR VS 151 10010



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-	50	0010			EALTH DEPARTMENT		807.5
В	IRTH NO	-12614		CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF DE	CH CH	LARLES A.	.Cammarata	CAMARAT Ta	2. DATE OF Septemb	er 20, 1950
	PLACE OF DE	ity, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If ins	
В.	FULL NAME		al or institutio	n, give street address or	Maryland	D. 000HT1	. Perore admission
	OSPITAL OR	St. Josep	hts Host	location)	C. CITT OR TOWN	If outside corporate limits,	re LURAL and give
1	41	Do: ooser	10001		Baltimore	0 0	Williamp
				Yrs. Mos.	D. STREET ADDRESS (1		
6	ength of st	ay in Baltimore	L T CINCLE	Days			
			7. SINGLE, WIDOWE	D, DIVORCED (Specify)		9. AGE (In years Hund Month	es I Year If Under 24 Hours is Days Hours Min.
	Male	White CUPATION (Give kind of	Si	ngle	June 21,1949	l yr	
wor	k done during most of	working life, even if retired)	10B. KIND	DF BUSINESS OR INDUSTRY		10reign country) 12	. CITIZEN OF WHAT COUNTRY
13	none				Baltimore 14. MOTHER'S MAIDEN I		
15		S A. Cammar		16. SOCIAL	Theresa V.T.		
(Ye	e, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		RESS
		1			Charles A.Cam	marata 1515 C	
	18. 1	H.0 1 /	53.1		of DEATH		ONSET AND DEATH
	-	E OR CONDITION LEADING TO DEA	TH	alta esta d'accom	tion of vomitus		
	heart failui	not mean the mode ore, asthenia, etc. It mes	ins the disease.	(A) ASPLIA	CTOU OT AOUTERS	• ••••••••••••••••••••••••••••••••••••	
	injury or	eomplication which	caused death.)	DUE TO			
		ANTECEDENT CAUS	SES				173
Z		OR CONDITIONS, I			***************************************	•••••••••••	*************************
F	UNDERLY	TE ABOVE CAUSE (A)	STATING THE	DUE TO			
V				(C)	***************************************	***************************************	
ERTIFICATION	OTHER SI	GNIFICANT COND	TIONS CON-				(over)
R	TRIBUTING	TO THE DEATH, BUT	NOT RELATED				(000)
Ü				INDINGS OF OPER	RATION		20. AUTOPSY?
AL	MATURAL.	CAUSES					YES X NO
NO.	21A, EXTERN	AL CAUSE WAS		E OF INJURY (e. g., im, factory, street, office bldg.,		(If in Baltimore City, give	exact location)
EDIC		AUSE OF DEATH.		home		roline Street	
Σ	210. TIME ()	Month) (Day) (Year)	,	E. INJURY OCCURR		RY OCCUR?	
	pt. 19	, 1950 ?		VORK NOT WHILE	A Aspiration	of vomitus	S MI HALL
	22. I certif	y that I took char	ge of the r	emains described	above, held anAuto		thercon and from
	the evic	dence obtained by	said Auton	su. Inspection or	Autopsy Inquiry, find that said	, Inspection or Inquiry deccased died on the	day stated above
	and dec	th in my opinion	resulted from	om: natural cause	s ☑, accident ☐, suicid	$e \square$, homicide \square , und	etermined M.
	23A. SIGNAT	URE	4/		23B. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER	DATE SIGNED
-	4A. BURIAL, C	REMA-1 248, DATE	12		I.D. MEDICAL INVESTIGATION OF CREMATORY 240.	LOCATION (City, town, or	9-20-50 county) (State)
TI	ON. REMOVAL (SI				6) 64		(Durie)
	irial	9/22/5	S-SIGNATUR	erkwood c	25. UNERAL DIRECTOR	Baltimore	DDRESS
5	OCAL REGISTE	AR Thur	water !	Villians, Man,	Clarence F. Hoff	non Broad	way
V	S 151		Marie Marie de	MARKANA, A.M.	//	157	0

See Document File 50-8075 for Asst Medical Examiner's lotter after further investigation author zing amendment, atc 3/5/51 ES

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

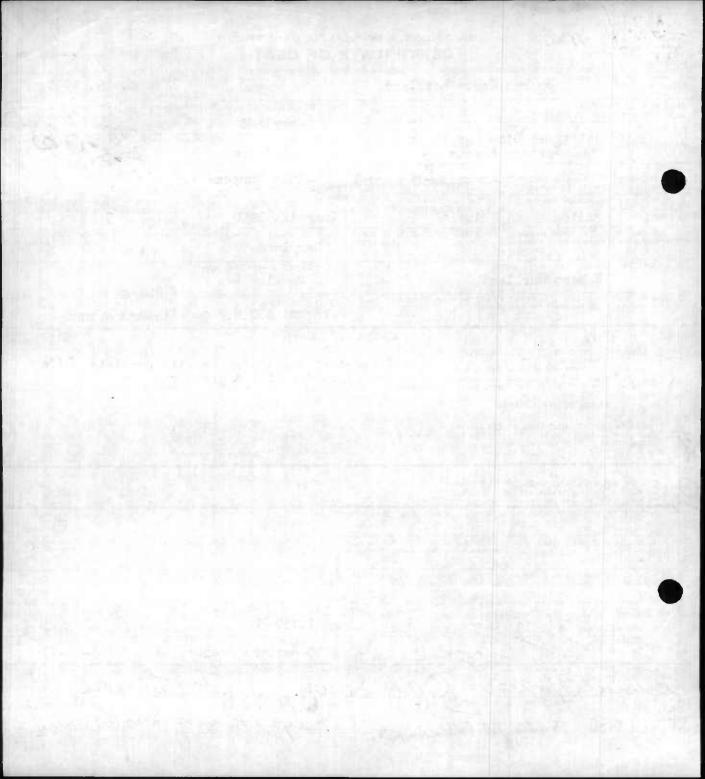
50 8076

Registered No. 2. DATE Sept. 19, 1950 Joyce Markland DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution) residence
A. STATE
B. COUNTY
by ore admission) 3. PLACE OF DEATH A. STATE Maryland A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write R AD and give INSTITUTION 4940 Eastern Avenue township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. Single (Specify) Female White June 12, 1950 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Markland Rosalee Dau 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Records: B.C.H. 4940 Eastern Avenue 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Congenital heart disease with complete heart failure, asthenia, etc. It means the disease, transposition of the great vessels injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE Sept 19 . 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ m, from the causes and on the date stated above. dcceased alive on Sept 19, 1950, and that death occurred at 11:50 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 9-20-50 24A. BURIAL, CREMA-248. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 0 Durice do 25 FINERAL DIRECTOR DATE RECEIVED BY SIGNATURE ADDRESS LOCAL REGISTRAR

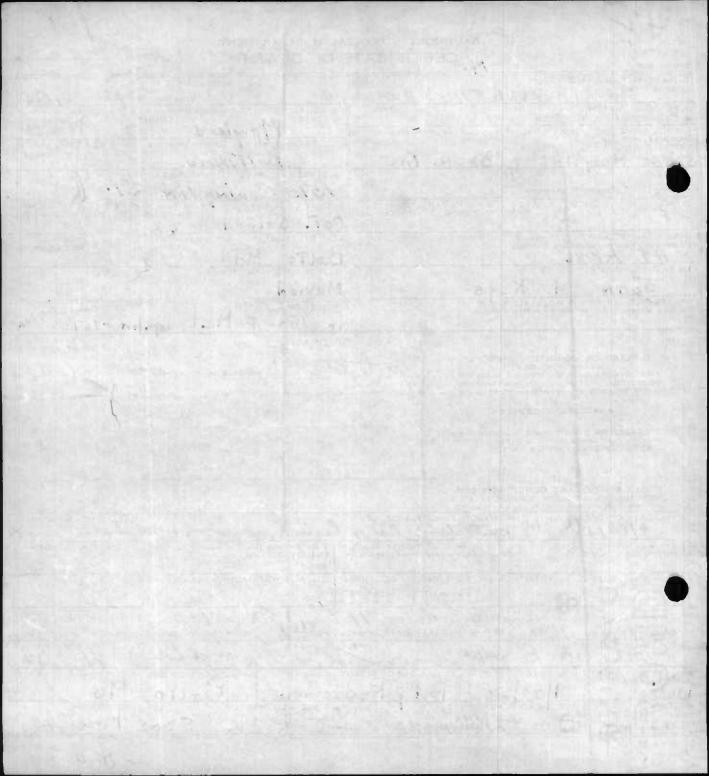
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1	00	بمارام ا			EALTH DEPARTMENT	Registered No.	8077
-	RTH NOOU	6 1	M.	CERTIFICAT	E OF DEATH	registered 1402	
	NAME OF D ype or Print)	CATHERI	NE 7	rchAught	in	OF DEATH SEPT.	20,1950
	Baltimore (City, Maryland		~	4. USUAL RESIDENCE ()	Where deceased lived, If inst	titution: residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospi	tal or instituti	on, give street address or location)		Nd f outside corporate limit, w	is RORAL and give
	ENA! -	LOSPITAL 2	BAL	To. TYVC.	7 17	ore	township
G.	ength of s	tay in Baltimore		Yrs. Mos. Days	1515 Couls	rural, give location)	
5.	F	6. COLOR OR RACE	7. SINGLE WIDOW	CMARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH OCT. 3-1887	9. AGE (In years It Under last birthday) Month	t l Year M Under 24 Hours S. Days Hours Min.
10 work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	Bal To Md	oreign country) 12	CITIZEN OF WHAT COUNTRY
13	FATHER'S		,		14. MOTHER'S MAIDEN N	AME	
15	WAS DECEASE	ED EVER IN U. S. ARME	C45	16. SOCIAL	Marion		<i>a</i>
(Ye	, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Mr John F M	chaughlin -	1515 MIGTON
	18. /5	-8 X		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION LEADING TO DEA	TH	Moto	tati alexance	Constant	6 11
	heart failt	s not mean the mode are, asthenia, etc. It mes complication which	ans the disease	e,			o Lucy G
		ANTECEDENT CAU	SES				
ERTIFICATION	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L	STATING TH				
IFIC		11		(C)			
	TRIBUTING	GIGNIFICANT COND	NOT RELATE	D			
U		F OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	9/1	ENT, SUICIDE,	meta	tatic Ca ?	lever, meser	tary + omealer	YES NO
	HOMICIDE	(Specify)		CE OF INJURY (e. g., in arm, factory, street, office bldg., c		If in Baltimore City, give	exact location)
Σ	ID. TIME	(Month) (Day) (Year	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
B			m.	WORK NOT WHILE			
	22. I hereb	y certify that I att		deceased from 9 and that death occur	9 , 1950, to		hat I last saw the
	23A. SIGNA	PURE 0	19	ina that death occur	3B ADDRESS	he causes and on the	3c. PATE SIGNED
24	A. BURIAL,	CREMA: 248. DATE	sogn	M. D.	BY OR CREMATORY 240-	OCATION (City, town, or	county) (State)
7	N. REMOVAL (S	Specify) 9/73	50	III D	deemen	Balto Mo	4
	TE RECEIVE		(h.aa)		25 FUNERAL DIRECTOR		DDRESS
-	FP 21 19	50 Hunting	际儿儿	CONST. M. B.	F. J. Ruck	2302 14	article
	VS 150		w	The state of the s		046H	1.0



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8078

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Renis h Joseph DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, wifte RULAL and give C. CITY OR TOWN INSTITUTION township) HH o. STREET ADDRESS (If rural, give location) Yrs. Mos. 2904 Wordland av. ength of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years | 11 Under 1 Year | 11 Under 24 Hours last birthday) | Months; Days | Hours Min. WIDOWED, DIVORCED (Specify) married M. BUHTHPLACE (State or foreign country) 10A. USNAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 12, CITIZEN OF work done drive most of working life, even if retired) INDUSTRY WHAT COUNTRY? Wind Mechanic Automobiles umany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Manh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or onknown) SECURITY NO. Mrs. Hermine Renish - 2904 Woodland Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION OPERATION 20. AUTOPSY EDICAL 9-20-50 Minume 21c. WHERE DID (If il Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or | HOMICIDE (Specify) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE ATT NOT WHILE! WORK 20, 1950 that I last saw the 22. I hereby certify that I attended the deceased from-19.50 to_ . 1950, and that death occurred at 1 2 m., from the causes and on the date stated above. deccased alive on W 20 238. ADDRESS 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Burial Baltimore. Loudon Park Cem -DATE RECEIVED BY REGISTRAR'S SIGNATURE NERAL DIRECTOR 25 ADDRESS LOCAL REGISTRAR VS 150 ~ の一日本の一日本の一日本の一人の

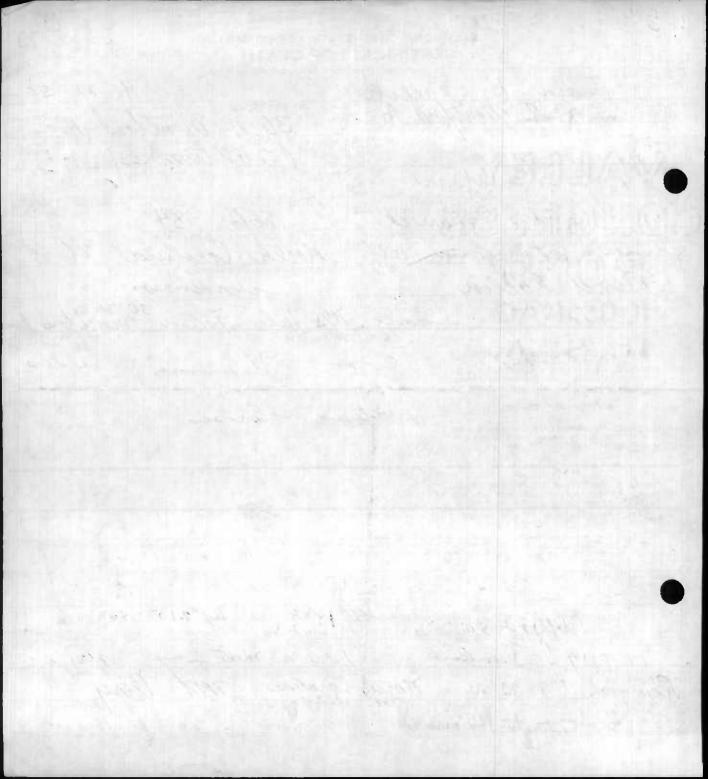
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450 BALTIMORE CITY HEALTH DEPARTMENT	50 8079
CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print) Hardin H. Fallin	F 9-21-50
a. Baltimore City, Maryland Mouthon Ave 4. USUAL RESIDENCE (Where dec	eased lived. If institution: residence COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION C. CITY OR JOWN (If outpide of C. CITY OR JOWN)	corporate limits, write RURAL and give
13 altin	more 1 3 Township
ngth of stay in Baltimore Year Mos. Days Days D. STREET ADDRESS (If rural, given by the stay in Baltimore Year Mos. Days)	ve location)
	(in years Under Year Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Givekind of working life, even if retired) Armen - ret. Larm - self.	untry) 12. CITIZEN OF WHAT COUNTRY
18 FATHER'S NAME	2,00
15. WAS DÉCEASED EYER IN U. S. ARMED FORCES? 16, SOCIAL 17 INFORMATION	anos
(Yee, no or uokoowo) (If yes, give war or dates of service) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or uokoowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	· 36 ADRRESS
18. 420.1 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	is 4 day
injury or complication which caused death.) DUE TO	
Z ANTECEDENT CAUSES (B) Orlend Scleroses	2
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TI II	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, ferm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or labout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR?	timore City, give exact location)
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR	R?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from self 18 1920, to self 2	1950, that I last saw the
deccased alive on 1950 and that death occurred at 90 Am., from the eaus	es and on the date stated above. 23c.,DATE_SIGNED
7+ una 1- well-	
M.C.	7 9/21/50
M. C.	(City, myn, or county) (State)

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BALTIMORE CITY HEALTH DEPARTMENT

50 8080

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Sr.M. Euphrosyne Brehmer DEATH Sept. 20.50 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland 901 Aisquith Street A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore Maryland location) C. CITY OR TOWN (If outside corporate limits, write KORAL and give INSTITUTION Baltimore Motherhouse of Notre Dame D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 40 yrs.

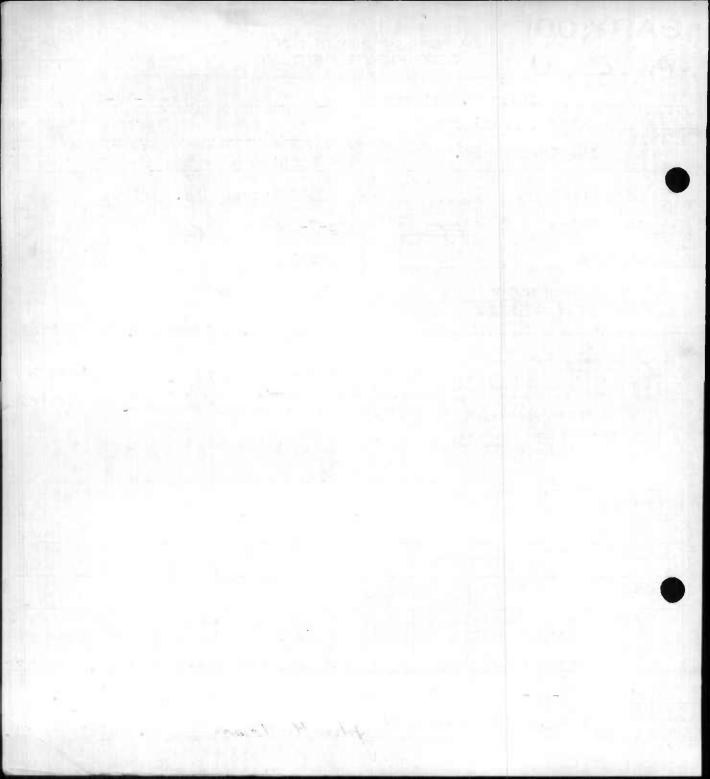
5. SEX | 6. COLOR OR RACE | 7. SINGLE. MARRIED Davs 901 Aisquith Street 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year Il Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months Days Female White Hours: Min. Sept.8 1867 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Brooklyn New York Religious 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Philip Brehmer Clara Hoen 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Sr. M.Stan.Kostka 901 Aisquith Street 43X INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from_ ., 19___, to_ ., 19___, that I last saw the deceased alive on 19 , and that death occurred at. m., from the causes and on the date stated above. 23A. SIGNATURE 230 DATE SIGNED 244 BURIAL, CREMA-TION REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY (State) 24D. LOCATION (City, town, of couply) urial DATE RECEIVED BY DATE REGISTRAN 25 DUNERAL DIRECTOR ADDRESS

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50 8081

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

В	IRTH NO.			CLITTI ICAT	L OI DEATI		
	NAME OF D	ECEASED				2. DATE	
()	ype or Print)	Cla	ire W.	Seifert		DEATH 9=	19-50
3. A.	PLACE OF D Baltimore C				4. USUAL RESIDE	NCE (Where deceased lived B. COUNTY	. If institution : residence
В.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)			
IN	ISTITUTION	305 Tusca	anv Rd	a location,	c. CITY OR TOWN		mits, write RULAL and give township)
	1270				Baltimo	re	(township)
				life Yrs.	D. STREET ADDRE	SS (If rural, give location)	
c.	Length of st	tay in Baltimore		IIIO Mos.	305 Tus	cany Rd.	
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	It Under 1 Year Il Under 24 Hours
	Female	White	Wid	owed	8-7-1893	57	Months Days Hours Min.
wor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	House				Maryland		William GOOMMAT
13	FATHER'S	NAME			14. MOTHER'S MA	DEN NAME	·
		h Schamber			Elizabeth	Kram	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Ro
,				SECOMITI NO.	Joseph N	Seifert In	305 Tuscany
	18. 11 11	6.7		CALISE	OF DEATH		INTERVAL BETWEEN
	44	SE OR CONDITION	DIDEOU!				ONSET AND DEATH
		LEADING TO DEA	TH	Con	linel Home		32-
	(This does heart failu	not mean the mode are, asthenia, etc. It mes	of dying, e. :	g., (A)	Z A		mo.
	injury or	complication which	caused death	i.) DUE TO Happ	ucinown,	Cardio -	1 + 1/85
		ANTECEDENT CAU	SES	1 ras	cular re	cardis- nal disease	- / 0 / 1.3.
Z	(B)					***************************************	
5	DISEASES	S OR CONDITIONS, I THE ABOVE CAUSE (A)	F ANY, GIVII	NG HE DUE TO			
A	UNDERLY	YING CONDITION L	AST.				
15							it.
Ë		11		(C)			4
CERTIFICATION	TRIBUTING	SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED			
				FINDINGS OF OPER	RATION		20. AUTOPSY?
AL							YES NO
EDICA		NT. SUICIDE.	218. PL/	ACE OF INJURY (e.g., i		ID (If in Baltimore Cit	y, give exact location)
	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	te.) INJURY OCCU	₹?	
Σ	TIME ((Month) (Day) (Year	(Honn)	21E. INJURY OCCURR	ED 315 HOW DID	INJURY OCCUR?	
	INJURY	(Month) (Day) (lear,				MACK! OCCOM!	
			m.	WHILE AT NOT WHILE			
	22. I hereb	u certifu that I at	ended the	deceased from	ne 9 1950	2 to Sept. 19 15	that I last saw the
							n the date stated above.
	23A. SIGNA		x		3B. ADDRESS		239 DATE SIGNED
		Lloyd &	· Sas	las M.D.	3902/2	cennaun da	1. Sest 20,1950
2	4A. BURIAL. C	CREMA- 24B. DATE	(4c. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (City, to	wn, or county) (State)
TI	ON REMOVAL (S Buria		50	Holy Redeen	name o o	Baltimore	Md
-	ATE RECEIVE				25. UNERAL DIR		Md.
	CAL REGIST		· Lucas IV	Ways Mills	1 0 8.		
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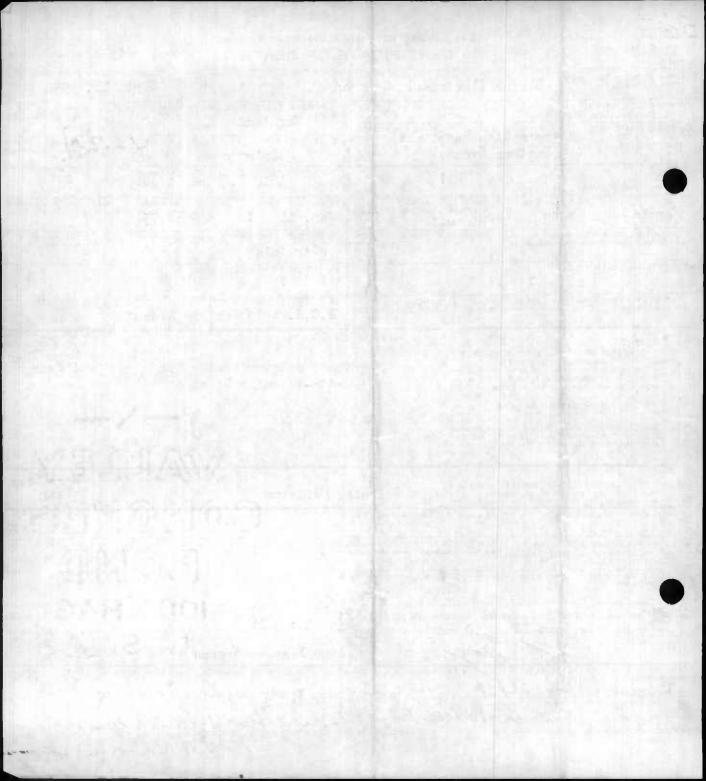


115847 BIRTH NO.

50 8082 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8082

	11(11) 140.						
	NAME OF DE	ECEASED Lav:	ina (Lav	rinia) Johnson	on	of Sept. 1	8, 1950
A.	PLACE OF DE Baltimore C	City, Maryland	tal or inst <u>it</u> u	tion, give street address or	4. USUAL RESIDENCE (stitution : residence before admission)
HO	OSPITAL OR	Baltimore 4940 Easte	City Ho rn Aven	tion, give street address or OSDITALS location)		f outside corporate limits	wite RVRAL and give township)
		tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (18 N. B	rural, give location) ond Street	
I	Fe male	6. COLOR OR RACE Negro	Wido	E, MARRIED, WED, DIVORCED (Specify)	S. DATE OF BIRTH	9. AGE (In years Hum last birthday) Month	der 1 Year If Under 24 Hours hs Days Hours Min.
10 rork	A. USUAL OCC	CUPATION (Give kind o of working life, even if retired	I TOB. KIND	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 12	2. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S N	7			14. MOTHER'S MAIDEN N	AME	
15 Yes	o, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES? se of service)	16. SOCIAL SECURITY NO.	B.C.H. 4940 Eas	tern Avenue ADD	DRESS
CATION	(This does heart failur injury or DISEASES	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) 'ING CONDITION L/	of dying, e. gans the diseas caused death	s., (A) Hypert se, oue to Ca	tensive Arteriose ardio-vascular Di		More Than 1 Year
CERIIL	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED Diahete	es ^M ellitus		More Than 1 Year
CAL	19A. DATE OF	F OPERATION	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDIC	21A. ACCIDE LYING OR CAUSE OF D	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City, give	e exact location)
	21D. TIME (I	Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK			
	deceased ali	y certify that I at ive on Sept 18		and that death occur		ept 18, 19 50, the causes and on the	that I last saw the date stated above.
	23A. SIGNAT	Cls.		M. O.	38. ADDRESS 4940 Eastern Aver	nue 5	23c. DATE SIGNED 9-20-50
TIO	Burial Burial	Sept 20	2/50	24c. NAME OF CEMETER	my Cent. 14.	OCATION (City, town, or	county) (State)
	SEP 221		友~ //M	Lance, Mall	25. FUNERAL DIRECTOR	J. Ellist & Da	DDRESS
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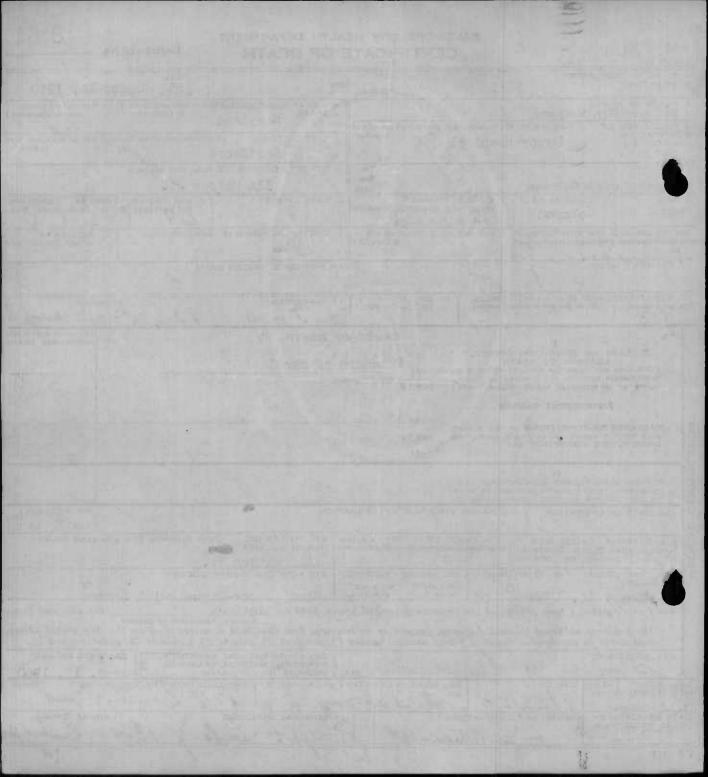
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8083

BIRTH NO.	6.0
1. NAME OF DECEASED Sister Mary Thon	racine Smith DEATH Sept. 20/50
3. PLACE OF DEATH: A. Baltimore City, Maryland 50 1 1 1 1 1 1 1 1 1	4. USUAL RESIDENCE (Where deceased lived Winstitution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	man lund
HOSPITAL OR location)	C. CITY OR TOWN / (If outside corporate limbs, write RULAL and give
INSTITUTION ()	township)
7 St. Frances Convent	Bultamire
Yrs.	D. STREET ADDRESS (If rural, give location)
Mos.	5016 01
c. Religth of stay in Baltimore Days	5016 Chase St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours: Min.
Timele Croud Lingle	Track 8, 1863 87
10a. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
rork done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?
Julgions	Kentucky
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS. C
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS OF E
	mother M. Theresall S.F. Chan ST
cause of	INTERVAL BETWEEN
18.422. CAUSE C	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	5. 11 1 1
LEADING TO DEATH	The die Guarden Glant
(This does not mean the mode of dying, e.g., (A)	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
	2
ANTECEDENT CAUSES	Teris I Clerosia. Jean
7	Les / Cleron.
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(C)	read and an annual control of the second sec
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO NO
21a. ACCIDENT, SUICIDE, 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., et	
HOMICIDE (Specify) about home, farm, factory, street, office bldg., et	W/ INDON' OCCON
5	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE MY NOT WHILE AT WORK	
m. WORK AT WORK	
22 I house contitue that I attended the desegged from the	, 1957, to Seft 20th, 1950, that I last saw the
22. I hereby certify that I attended the deccased from	
deceased alive on 1950, and that death occur	red at \(\langle Um., from the causes and on the date stated above.
23A. SIGNATURE)	38. ADDRESS 23c. DATE SIGNED
GU CATANA	15 6 19:00 DE Der 2010
Telleran M.D.	10 C. Totala of 1901/01
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)	11 1 01 - 2 1 1 1 0
During Septos 154 www Car	walnut frequent of as
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	M. O Bililan
CED 22 10E0	1 ms. Track y allety Drugt
VEI 4 6 1330	
VS 150	1 - 6 5 () 0 1 1 5

To Secion

	TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered	-	8084
1. NAME OF DECEASED (Type or Print) WILL	FIN	NEY	2. DATE OF Se	pt. 14,	1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WAS NATE Maryland		If institution	
B. FULL NAME OF OF Not in hospital or institution of the hospital or institution or instituti	location		outside corporate lin	nits, witch	RAL and give township)
ngth of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If I	rural, give location)		
5. SEX 6.COLOR OR RACE 7. SINGLE WIDOW	Days . MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last highhday)		Il Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of vock done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZ WHA	ZEN OF T COUNTRY?
IS. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME 2		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yos, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	923 m	ADDRESS C NO	ough !
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease lnjury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, 1F ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	Fractur	of DEATH /		ONSE	T AND DEATH
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	D 	4.T.O.)			
21A FYTERNAL CALISE WAS 21B. PLA	CE OF INJURY (e. g., in rm, factory, street, office bldg., et	or 21c. WHERE DID (If	in Baltimore City	YES	NO location)
INTURY	THE INJURY OCCURRE WORK NOT WHILE AT WORK remains described a	Blunt force St	occur?	thereo	n and from
the evidence obtained by said Auto and death in my opinion resulted fr	psy, Inspection or Ir rom: natural causes	nquiry, find that said de \Box , accident \Box , suicide	ceased died on , homicide ,	the day st	incd [].
Simple 9/22/50		23B. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO RY OR CREMATORY 24D LC	XAMINER	Sept. 1	5. 1950
DATE RECEIVED BY REGISTRAN'S SIGNATULE SEP 22195	I GOOD	Tolph & Lock	1. 13.	ADDRES	and s

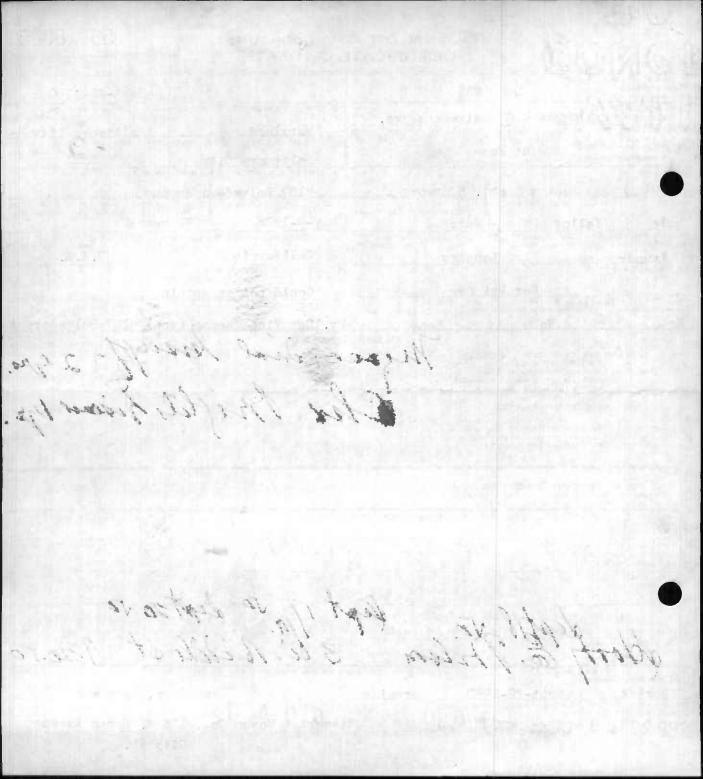


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50		0	00	L

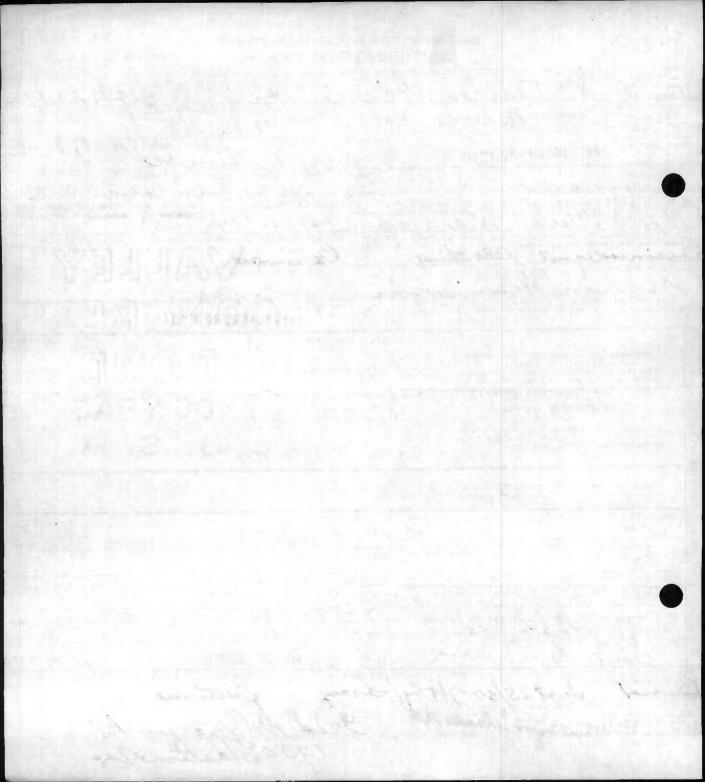
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	8085
ristered	No.	

В	IRTH NO.	.)		CERTIFICATI	E OF DEATH	negistered .	.10,
	NAME OF D					2. DATE	
			ER WON				-20-1950
3. A.	Baltimore (City, Maryland 41	O7 Belw	edere Ave.	4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
В.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Maryland		imore City
	OSPITAL OR		Home	location)	c. CITY OR TOWN (I	f outside corporate limi	s, write BURAL and give
1	10	at	поше		Baltimore Ci	ty 2.3	township)
4				Yrs.	D. STREET ADDRESS (If	rural, give location)	
C	ngth of s	tay in Baltimore	abt. 5	O years Days	4107 Belvede	re Avenue	
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (in years)	Under 1 Year H Under 24 Hours
1	Male	Yellow		ried	May-9-1878	72 years	Days Hours Win.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF
W 141	Laundry		Laund	INDUSTRY	California		WHAT COUNTRY?
13	FATHER'S	NAME	1 Decuie	± .y	14. MOTHER'S MAIDEN N	AME	0.0.1.
		Dam	Wat Va				
15	S. WAS DECEAS	ED EVER IN U. S. ARMEI	Wei Ke	16. SOCIAL	Could not as		
(Xe	m, no or unknown)	(If yes, give war or date	n nf service)	SECURITY NO.			DDRESS
	No	No		None	Mr. Der Ying The	ung (son) 410	7 Belvedere A
	1B. 59:	2 % 1		CAUSE	OF DEATH	masse	ONSET AND DEATH
	DISEAS	SE OR CONDITION LEADING TO DEAT		Mixe	order.	160000	- 7 Rma
	(This does	s not mean the mode oure, asthenia, etc. It mea	of dying, e.g	(A)		10	- //
	injury or	complication which c	aused death	OUE TO	0 1.	· 1- X	?
		ANTECEDENT CAUS	SES	1	12 /2/18	(tile h)	west ILL
Z	DISEASE	S OB CONDITIONS		(B)	vi . V/Vi	1000	
F	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
Y	UNDERLY	YING CONDITION LA	NST.	(C)		************	
F							
RTIFICATION	OTHER S	II SIGNIFICANT CONDI	TIONS CON				
CEI		TO THE OEATH, BUT					
				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL							YES NO
EDICAL		ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID	If in Baltimore City,	give exact location)
	CAUSE OF	R CONTRIBUTING DEATH	about nome,	arm, factory, etreet, office bldg., e	itc.) INJURY OCCUR?		
Σ	210. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
(INJURY			WHILE AT NOT WHILE		A L	
	00 71 1	1	m.	WORK AT YORK	# 17 JO	LENT TO J	0
		y certify that Lutt	1 4 4		19 to	71 24, 19	, that I last saw the
	deceased a			and that death oclur	38-ADDRESS	the causes and on t	he date stated above.
	N/Vo	111	14	VADA	4 001 11	delle st	1.20.50
2	4A. FURIAL.	CREMA 248. DATE	111	AC. NAME OF CEMETE		OCATION (City, town	
TI	4A. RURIAL, ON, REMOVAL (S						
D	Burial ATE RECEIVE	D BY REGISTRAR		Lorraine		Woodlawn, Mar	vland ADDRESS
	OCAL REGIST		Y_ WILL	(1)	25. FUNERAL DIRECTOR	200 00 00	and the second
2	EP 2219	150 Turtur	51 Mills	auth Mill S	tewart & Mowen Co	o., 108 W. No	rth Avenue
-	VS 150	6		- 4 1120		City #1.	
				64380			1311



252	W151	Viewski		0.000
0000	CERTIFICAT	EALTH DEPARTMENT	Registered No	0 8086
BIRTH NO. NAME OF DECEASED Type or Print 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution)	tion/give street address or location)	4. USUAL RESIDENCE (WA. STATE	2. DATE OF DEATH	1. 20, 1950 nstitution: residence before admission)
s sex 6. COLOR OR RACE 7. SINGLE WIDO	Yrs. Mos. Days E. MARRIED. WED, DIVORCED (Specify) O OF BUSINESS OR INDUSTRY	6. DATE OF BIRTH 11. BIRTHPLACE (State or 10) 14. MOTHER'S MAIDEN NA	last birthday) Mon	nder I Year II Under 24 Hours ths Days Hours Min. 2. CITIZEN OF WHAT COUNTRY?
(If yes, give war or dates of service) 18.	CAUSE (B., (A) Preus Be, Due to (B) Mtali	17. INFORMANT 10MKS HOPKINS K DF DEATH novia Clatic Carcino nasopharyny	OSPITAL	INTERVAL BETWEEN ONSET AND DEATH
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)	FINDINGS OF OPER. The state of	nN for face par or 216. WHERE DID (11 lo.) INJURY OCCUR?	in Baltimore City, giv	20. AUTOPSY? YES NO Pre exact location) that I last saw the
deceased alive on 4-20-, 19 50 23A. SIGNATURE G. Cull	and that death occur The M. D. 24C. NAME OF CEMETER	red atm., from the BB. ADDRESS HOPKINS HOSPIT	CATION (City, town, or	date stated above. 23c. DATE SIGNED SON (150 county) (State)
	26046	1-200	mass L	6. 045f

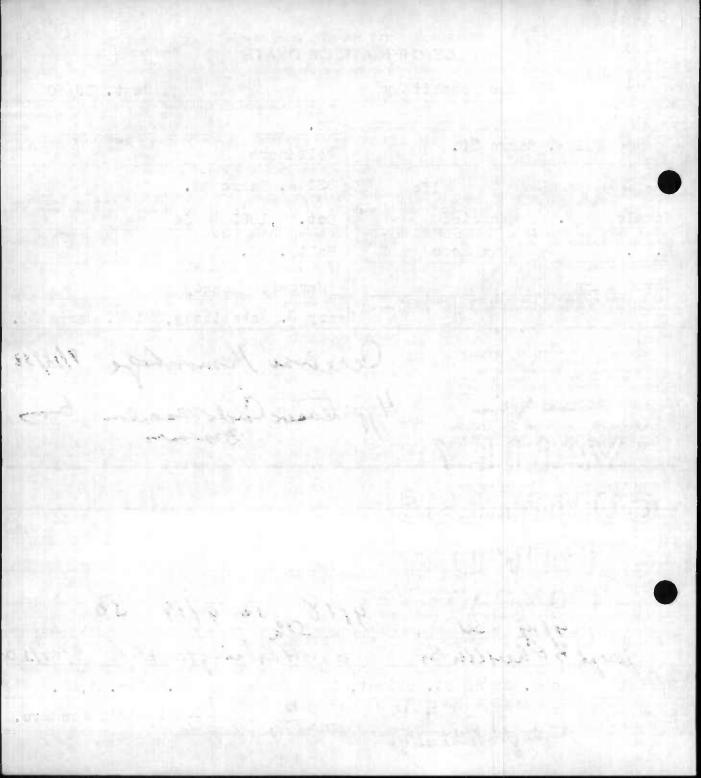


50 8087

BALTIMORE CITY H	
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) ROSa Lee Schalitzky	2. DATE OF Sept. 19/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 831 W. Barre St.	
c. ligth of stay in Baltimore Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 831 W. Barre St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDQWED, DIVORCED (Specify)	B. DATE OF BIRTH Oct. 8,1885 9. AGE (In years lift Under I Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rock done during most of working life, even if retired) Own Home	11. BIRTHPLACE (State or foreign country) Balto. Md.
David Bury	14. MOTHER'S MAIDEN NAME Margaret Kenney
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Enry J. Schalitzky, 831 W. Barre St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	relsav Hemorrhoge 9/18/58 ateur Conformenten 60000
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.,	in or 21C. WHERE DID (If In Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY MHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 19, 19, and that death occur	
Found & Paylantis M.D.	6) 9H 46 hing on Bed 23c. DATE SIGNED
24A. DURAL, CRIMA- 24B. DATE 24C. NAME OF CEMETE 22/50 Mt. Olivet.	

DATE RECEIVED BY REGISTRAR S LOCAL REGISTRAR S L

25/FUNERAL SPECTOR O 4101 Edmondson Ave.



50 8033 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) xthux / hollall DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION township) St. Ganas Yrs. D. STREET ADDRESS (If rural, give location) Mos. hgth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (in years 8. DATE OF BIRTH If Under 1 Year II Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. narried 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? lush hours charte usines U. Pa 13. FATHER'S NAME MAS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) ADDRESS SECURITY NO. Loudon au CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

21F. HOW DID INJURY OCCUR?

, 1900

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., in pr 21c. WHERE DID

Carcuna

about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE

22. I hereby eertify that I attended the deceased from_ deceased alive on 3/20

, 1950, and that death occurred at 6:45 Am., from the causes and on the date stated above.

25. FUNERAL DIRECTOR

9/20

., 19 ___, that I last saw the 23c. DATE SIGNED

(If in Baltimore City, give exact location)

24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATOR TION, REMOVAL (Specify)

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

21A ACCIDENT WAS UNDER

CAUSE OF DEATH

INJURY

23A. SIGNATURE

LYING OR CONTRIBUTING

ADDRESS

VS 150

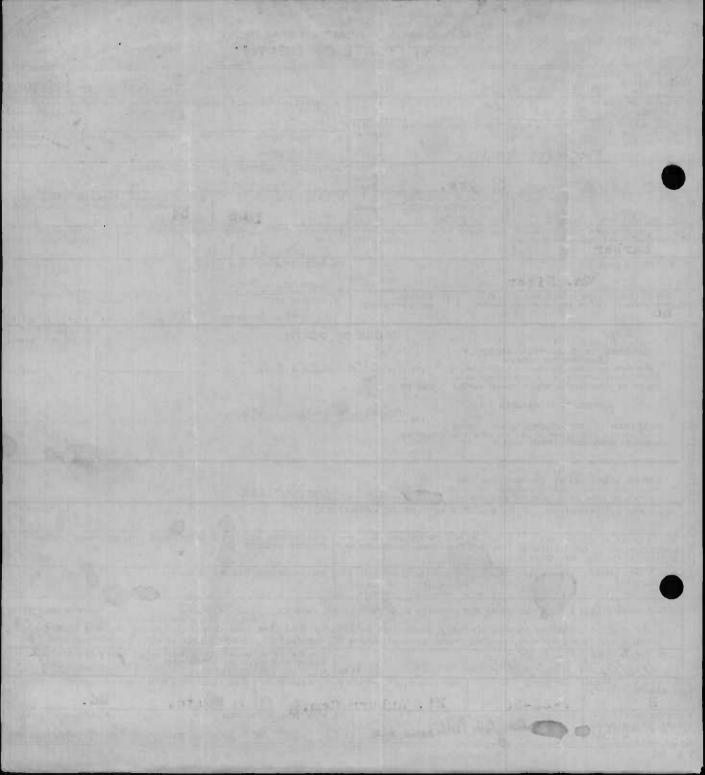
Eriner Mell But to an a ins his londer JA / 189 Sec. 5 25 21/201205

V S 151 *

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8089

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) JOSEPH NIZER DEATH September 19, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF ('f not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corpora e limits, write RU, IAL and give C. CITY OR TOWN INSTITUTION Provident Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. igth of stay in Baltimore 30 yrs. 1118 Parrish Street Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. If Under 1 Year WIDOWED, DIVORCED (Specify) Dec. 25, 1895 male colored single IOA. USUAL OCCUPATION (Give hind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? barber Elkton. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. Nizer Martha. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. no 714 13th St.N.E., Alberta Stevens INTERVAL BEIWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ... Pontine hemorrhage (This does not menn the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (a) Cerebral arteriosclerosis RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Chronic pancreatitis TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES X CA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. ā UTING CAUSE OF DEATH Ш 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \omega, accident \(\propto_i\), suicide \(\propto_i\), homicide \(\propto_i\) undetermined \(\propto_i\). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED September 20.50 MEDICAL INVESTIGATOR. 24A. BURIAL. CREMA-248 DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify, Balto Md. 9-23-50 Auburn Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. EUNERAL DIRECTOR ADDRESS CED 271950



location)

Yrs. Mos.

Days

CAUSE OF

DEATH

21c. WHERE DID

INJURY OCCUR?

23B. ADDRESS

21F. HOW DID INJU

INDUSTRY

4. USUAL RESIDENCE

Registered No.	8090
2. DATE OF DEATH OF 2 (Where deceased lived, If ins B. COUNTY	187 1950 titution: residence before admission)
If outside corporate limits, w	vrite RUBAH and give township)
9. AGE (in years H Und	er l Year ns Days Hours Min
foreign country) 12	C.S.A.
tton Kaemf	RESS
+ R. 11-11:4	TOTAL AND DEATH
tune Right Hijk	
Dr. John R	ushen M.D
visalensis	30 years ±
RIFIC YIOI (If in Baltimore City, give	exact location)
City 40-6+ 2+ R	swik Hoss
fellow floor fr. 21st, 1952, the causes and on the	hat 14dst saw the date stated above.
LOCATION (City, town, or	
to., Md.	7

1. NAME OF DECEASED
(Type or Print)

MRS. SALLIE COLEMAN
3. PLACE OF DEATH:

(If not in hospital or institution, give street address or

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

16. SOCIAL

DUE TO

DUE TO

(C)

218. PLACE OF INJURY (e. g., In or

21E. INJURY OCCURRED

Loudon Park Cem-

198. MAJOR FINDINGS

WHILE AT

SECURITY NO.

108. KIND OF BUSINESS OR

A. Baltimore City, Maryland

igth of stay in Baltimore

vork done during most of working life, even if retired)

Housewife

(Yes, no or unknown)

18.

CERTIFICATION

MEDICAL

6. COLOR OR RACE

OCCUPATION (Give kind of

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

TIME (Month) (Day) (Year) (Hour)

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

CAUSE OF DEATH

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

DATE RECEIVED BY

VS 150

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

B. FULL NAME OF

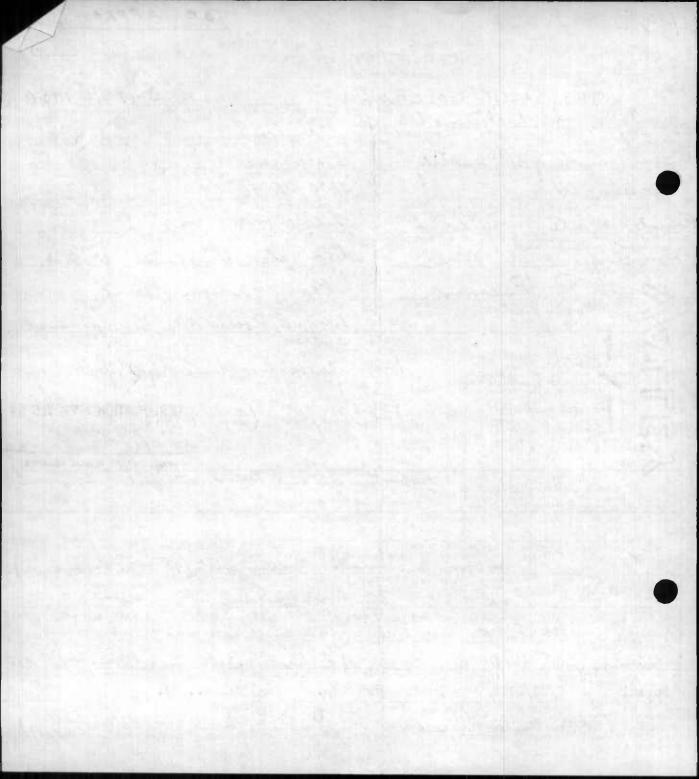
INSTITUTION

5. SEX

2 1950 huntington / Villianis,

22. I hereby certify that I attended the deceased from Feb. 16 deceased alive on Seft. 20, 1960, and that death occurred at 3

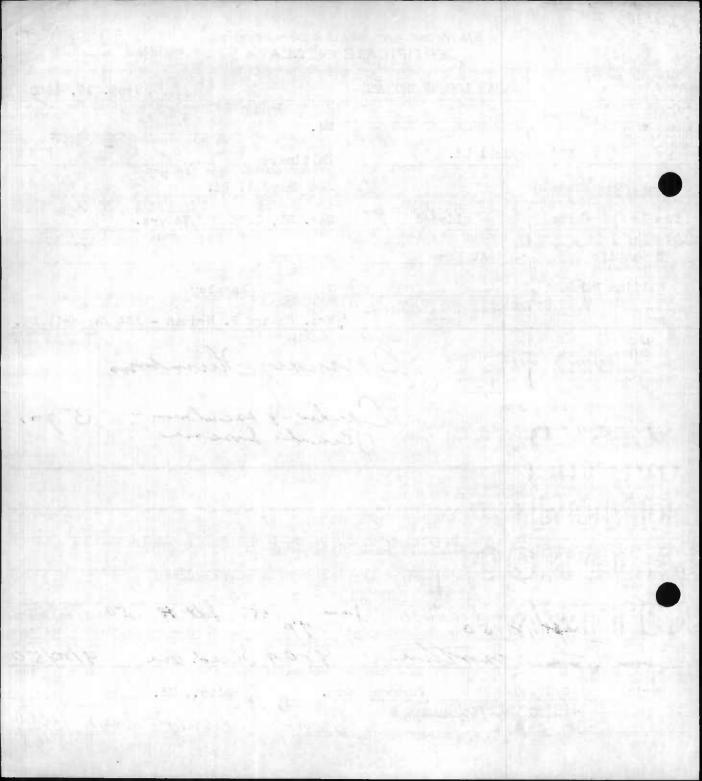
O BE SHALE



BALTIMORE CITY HEALTH DEPARTMENT

gistered	50 No.	8091	
E			

5	IRTH NO.	7.		CERTIFICATI	E OF DEATH	Registered N	0	
	NAME OF D		SARAH L	OUISE SHEATS		2. DATE OF DEATH Sep	t. 19,	1950
Α.	PLACE OF D Baltimore (City, Maryland	al an institut	ion, give street address or	4. USUAL RESIDENCE (VA. STATE			: residence ore admission)
H	OSPITAL OR ISTITUTION	364 Mary		location)		outside corporate limit	write DU	township)
_	Orth of s	tay in Baltimore		Yrs. Mos.		rural, give lebetion)		
5.	sex female	6. COLOR OR RACE	WIDOW	Days E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under I Year nths Days	il Under 24 Hours Hours Min.
1C	A. USUAL OC	White CUPATION (Give kind of or working life, even if retired)		idowed of Business or	Mar. 31, 1876	74 yrs.	12. CITIZ	
	Housew Father's	ife	At	Home	Maryland 14. MOTHER'S MAIDEN N	AME	WHA.	T COUNTRY
	Willia	m Randall			? Ramp			
(Ye	o, mas DECEASI o, no or unknown) no	ED EVER IN U, S. ARMEI (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Howard F.		DORESS	ell Rd.
CERTIFICATION	heart failu injury or DISEASES RISE TO TUNDERLY	LEADING TO DEA' i not mean the mode of re, asthenia, etc. It mean complication which of the second s	f dying, e. f ns the diseas aused death EES F ANY, GIVIN STATING TH ST. TIONS CON	(B)	udio 7 pse Censt Dos	ulmin.	5	-yn,
	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. Y	AUTOPSY?
MEDICAL	CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	ebout home,	ACE OF INJURY (e.g., in farm, factory, at reet, office bidg., e	otc.) INJURY OCCUR?	If in Baltimore City, g	ive exact	location)
	INJURY		m.	WHILE AT NOT WHILE		0		
	22. I hereb deceased al	y certify that I att	ended the	and that death docur	red at 7 P. m., from to 38. ADDRESS	He causes and on th	e date st	last saw the tated above TE SIGNED
TI	AA. BURIAL, CON, REMOVAL (S Burial	Pecify) 9/22/50		Parkwood		OCATION (City, town,	or county)	(State)
D,	SEP 22	D BY REGISTRAR	1 111	liams, My	25. FUNERAL DIRECTOR	lener & Si	ADDRES	Balto
	VS 150		人們是明備	AND THE RESERVE OF THE PROPERTY OF THE PROPERT		/:	31a	-ind



50 8092 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission A. STATE B. COUNTY B. FULL NAME OF (If not in hydpital or institution, give street address or HOSPITAL OR location) (If outside corporate limits INSTITUTION Yrs. (If rural, give location c. bength of stay in Baltimore . SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR BACE 8. DATE OF BIRTH II Under 1 Year If Under 24 Hours AGE (La years | | Under | Year | | Under 24 Hours | Iant beridday) | Months | Days | Hours | Min. larrus 10A. USUAL OCCUPATION (Glvekind of 11. BIRTHPEACE (State of foreign country) BUSINESS OR OB. KIND OF 12, CITIZEN OF ork Aone during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 14. MODHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16, SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 20,0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ü

218. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.)

TO THE DISEASE DR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

VS 150

CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK

21c. WHERE DID

INJURY OCCUR?

22. I hereby certify that I attended the deceased from AshT 20-19.5 Othat I last saw the -19 50 and that death occurred appeared deceased alive on 1201-19 m., from the eauses and on the date stated above. 23A. SIGNATURE

24A BURIAL, CREMA-24B. DATE NAME OF CEMETERY OR CREMATORY TION REMOVAL (Specify) Herry DATE RECEIVED BY ADDRESS LOCAL REGISTRAR

20. AUTOPSY

(If in Baltimore City, give exact location)

who to continue

500

MAIN

BALTIMORE CITY HEALTH DEPARTMENT

50 8093

Registered No.

BII	RTH NO.		100	CLICITI ICAT	L OI DEATH			
	NAME OF D	PECEASED) AIN	ANN	۹.	2. DATE OF DEATH	22~ SET	PT 1950
	PLACE OF D Baltimore (EATH: City, Maryland	CHURCH 1408	HOME T	4. USUAL RESIDEN	ICE (Where deceased liv		residence e admission
	ULL NAME	OF (If not in h	ospital or institut	ion, give street address or		_	1 000	AND.
	STITUTION	Cirraci	+ HOME	location)	BALTI	(If outside corporate	te Iduly we to Iduly	township
c.	Length of s	tay in Baltimor	re ALL I	LIFE 36 Non	12-	s (If rural, give location)	_	
5.	MALE	JEWISH,	ACE 7. SINGLE	E, MARRIED, (Specify)	JAN 1. 189	9. AGE (In year last birthday) Months Days H	ll Under 24 Hours Iours Min.
10/	. USUAL OC	CUPATION (Give)	indof 108. KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	1 12, CITIZEI	N OF
	done during most c かいらこいし	of working life, even if re	tired)	INDUSTRY	RUSSIA		CONSATT	EOD IN THE
	FATHER'S						AME	RICAN
_			~ 0 0		14. MOTHER'S MAIL			
	TUD	ADEN BY			2 EDNA	3 MANE	72	
15.	WAS DECEASE	ED EVER IN U. S. A	RMED FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
1 64	No or derenway	(11 360, B100 MB1 O	dates of service)	SECURITY NO.	ANNA	Mari		
1	1 1	1 1			7,100	- Militi		
	18. 154	11		CAUSE	OF DEATH			AND DEATH
	DISEA	SE OR CONDITI						
	(This does	LEADING TO	DEATH	. SEcon	DARY CAR	CINOMATO	SIS 6MG	ONTIL
	heart failu	re, asthenia, etc. It	t means the diseas	e,			OR N	TORE
	injury or	complication whi	ich caused death	.) DUE TO				
		ANTECEDENT C	CAUSES A	000-				
z			14-1	DENO CITIZE	TO AMGUL	THE RECTU	M. 61	nonths
0	DISEASE	S OR CONDITION	S, IF ANY, GIVIN	IG	***************************************		OR M	ORE
		HE ABOVE CAUSE		E DUE TO			-4	
Ü								
				(C)		**1.4444.44.		
	OTHER S	II SIGNIFICANT CO	NOITIONS CON					
W	TRIBUTING	TO THE DEATH.	BUT NOT RELATE	.b				
<i>ن</i> إ		ISEASE OR CONDI						
اد		F OPERATION		FINDINGS OF OPER		TUM		JTOPSY?
▼ -	MAY 13		1	HACINOMA		•	YES	NO
EDIC	HOMICIDE	(Specify)	218. PLA about home, f	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE DIE etc.) INJURY OCCUR		lity, give exact loo	eation)
2	D. TIME	(Month) (Day) ((ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID I	NJURY OCCUR?		
	INJURY			WHILE AT NOT WHILE				
			m.	WORK AT WORK	L.,			
1	22. I hereb	u certify that I	attended the	dcceased from MA	Y 7 1950	to SEPT 22	1950 that I las	st saw the
	deceased a	line on SEPT :	12 1050	and that death occur	rred at 145 Am., f	rom the causes and	on the date eta	ted ahous
1	23A, SIGNA		, 1000		38. ADDRESS	Tom the causes and		E SIGNED
-1	0.40	01/	18000	4 6	HURLY HUME	MOSPIER RAY		EPT 450
	1/8/1/	MICH	wein					
710	REMOVAL (S	CREMA- 24B. DA	7	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City,	town, or county)	(State)
/	Lucea	2 9-2	7000	10000	ale o	n bal	w N	a
	TE RECEIVE			REU	POUNERAL DIRE	FFOR A	ADDRESS	
LO	CAL REGIST	RAR	ulivator	Williams Aura	YOUV TO	4 de 71	and the	7 00
0	CP 4413	JOU		TO COM MANA , MISSION	mer Leu	SOME ALL	10 ano	MIX
	VS 150			- N-00/			6.41	, ,
							046	000

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L	420	006:
5	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No	809 i
1. (T	1. NAME OF DECEASED LEON E SELIS 2. DATE OF OF DEATH 9-22	-50
	3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. COUNTY	tion: residence
В.	B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITTOR TOWN (If outside corporate limits, write address or location) C. CITTOR TOWN (If outside corporate limits, write address or location)	
c.	re. Ligth of stay in Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Above 32,00 Lekers Wo	rad
71	have white married	Year II Under 24 Hours Days Hours Min.
1C work		TIZEN OF WHAT COUNTRY
	13. FATHER'S NAME NOTHER'S MAIDEN NAME NOT THOUSE	
15 (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. SECURITY NO. SECURITY NO.	ss and
		ITERVAL BETWEEN NSET AND DEATH
ICATION	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	18 mv
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON-	
AL		20. AUTOPSY?
EDICA	21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e.g., in or 21c, WHERE DID (If in Baltimore City, give e)	YES NO Cact location)

210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE

21F. HOW DID INJURY OCCUR?

WHILE AT

REGISTRAR'S SIGNATURE

nor. 5 1949, to Soyt. 22, 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ 1.11. 19.50, and that death occurred at 2:004 m., from the causes and on the date stated above. deceased alive on 234. SIGNATURE 23B ADDRESS 23c. DATE SIGNED

CREMA-

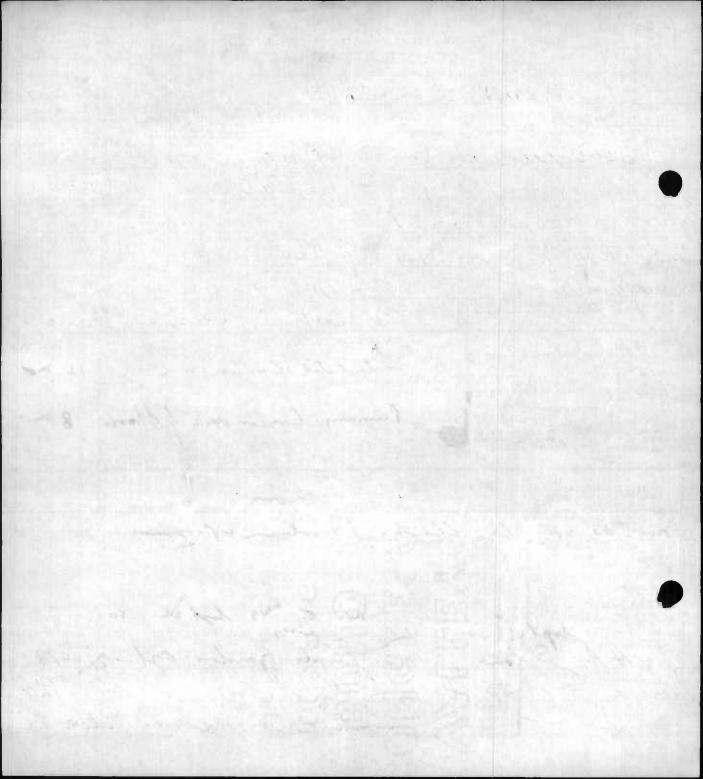
REMOVAL (Specify)

240 NAME OF CEME

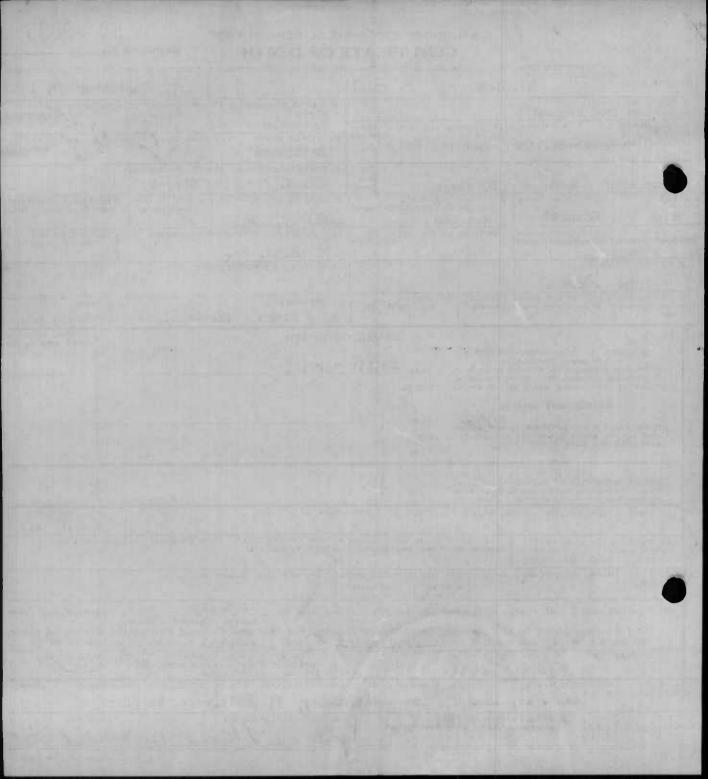
SUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR VS 150



VS 151

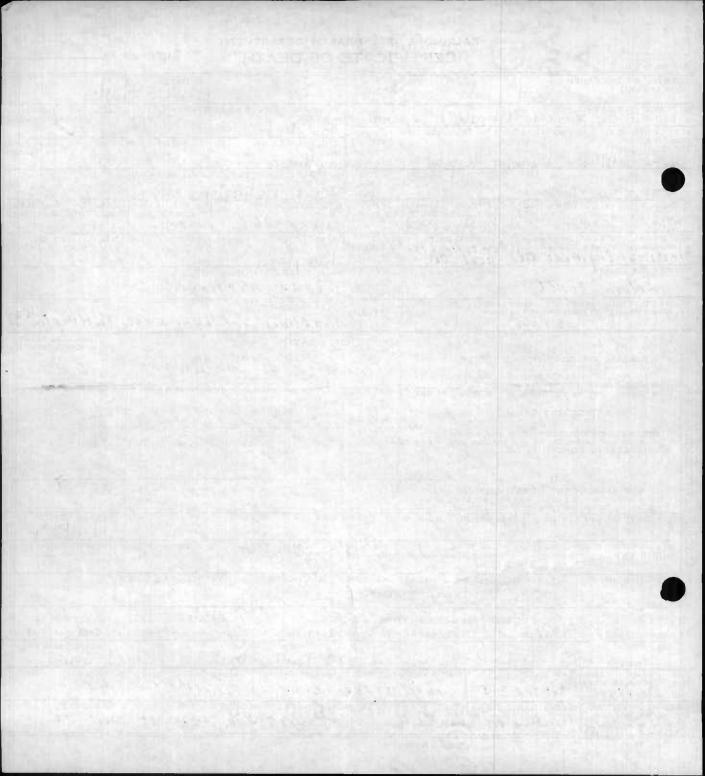


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BIRT	H NO.
1. NA	ME OF DECI

BALTIMORE CITY HEALTH DEPARTMENT

50 8096 Registered No.

В	IRTH NO.			CLITTI TOA	IL OI DEAT		
	NAME OF DEC	LAN Sco	tt			2. DATE OF DEATH	121/50
3. A.	PLACE OF DEA Baltimore Cit	TH: v. Marvland	Rallimon	e. Maryland	4. USUAL RESIDE	ENCE (Where deceased lived B. COUNTY	
B.	FULL NAME OF			tion, give street address	or Maryland		
IN	STITUTION		1 11	location	c. CITY OR TOWN	(If outside corporate i	imits, write RURAL and give township)
7	outh Dalti	More Gel	neral Hos	pital	Daltimore	ESS (If rural, give location	
4	Bength of stay	in Baltimore		Mo	8. Cura D	1 - 1. 1	
		COLOR OR RA	CE 7. SINGLE	Da E, MARRIED,	8. DATE OF BIRTH		
(Male	White	WIDOW	VED, DIVORCED (Spec	11/8/186	9 Jast birthday)	Months Days Hours Min.
1C	A. USUAL OCCU	PATION (Give kin	dof 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
_	ectical ex	gineer .Y	E. Co21	Co.	Maryland		WHAI COUNTRY?
13	FATHER'S NAM				14. MOTHER'S MA		
1.6	Adlam	Scott			-Jane 1	Vichols.	
(Ye	. WAS DECEASED	(11 yes, give war or	detes of service)	16. SOCIAL SECURITY NO	17. INFORMANT		ADDRESS . x Way
-	A 5 1 .	Non.				S. Lloyd. 540.	
	18. 33/1	1		CAUS	E OF DEATH		ONSET AND DEATH
	L	OR CONDITIO	EATH	Co	rebral her	misraha o.	2 days
	heart failure,	asthenia, etc. It	means the diseas	se, (A)			
		mplication whic		h.) DUE TO			
Z ANTECEDENT CAUSES Increased treesul							
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
CA	UNDERLYIN	G CONDITION	LAST.				
L		11		_(C)			
K		NIFICANT COL					
Ü	TO THE DISE	ASE OR CONDIT	ION CAUSING	IT	#5.1=10.1		
AL	19A. DATE OF	SPERATION O	198. MAJOR	FINDINGS OF OF	ERATION		20. AUTOPSY?
S	21A. ACCIDENT			ACE OF INJURY (e.			ty, give exact location)
	HOMICIDE (Specify)	ebont home,	farm, factory, street, office blo	INJURY OCCU	R7	
2	D. TIME (Mo	nth) (Day) (Ye	ar) (Hour)	21E. INJURY OCCUI	RRED 21F. HOW DID	INJURY OCCUR?	
1	MOOKI		m.	WHILE AT NOT WHI			
h	22. I hereby c	ertify that I	attended the	deceased from 9	19 50 , 19	, to 9/2/150 , 1	9, that I last saw the
	deceased alive	on 9/21/5		and that death occ		, from the causes and o	n the date stated above.
	23A. SIGNATUR		as a much	10011	1213 Light	Rtmont	9 21 So
2	4A. BURIAL, CRE	MA- 24B, DAT			TERY OR CREMATORY	24D. LOCATION (Çity, to	
TI	ON, REMOVAL (Spec	setati	23.50.	Pruiol Rid	ge Cem.	Pikesville	Md.
	ATE RECEIVED E		RIS SIGNATE	RE	25. NINERAL DIR		ADDRESS
	SFP 2 2 10F	1 hunti	14/00 //W	hance, has	host Cook	no. 1217 st	Paul 94.
	VS 150	1774	and willing	Programme (1, 1)			
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							4.000.00

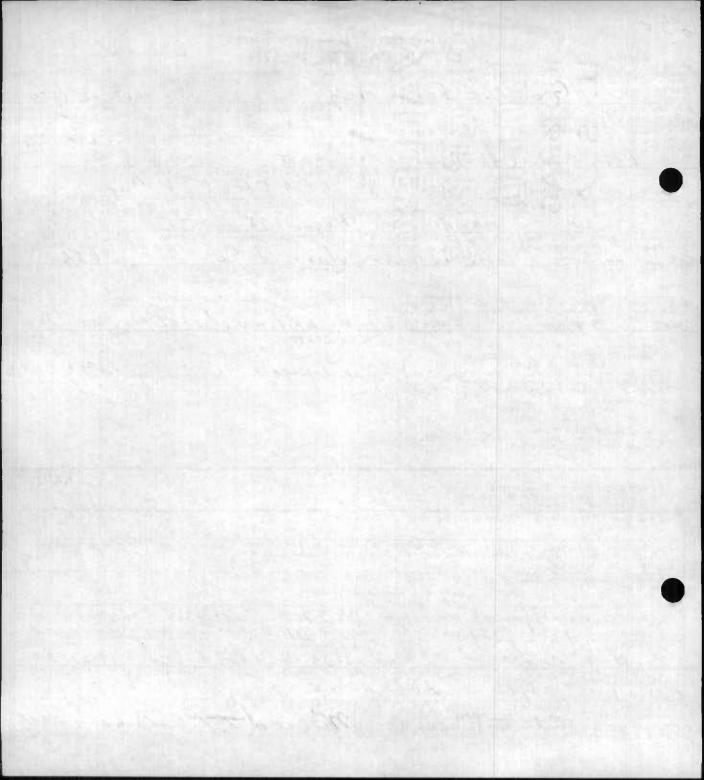


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BIRT	H NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8097

-							
	NAME OF DE	Geor Geor	ice A	Frederi	CK	2. DATE OF DEATH SEPT.	22 1950
	PLACE OF DE				4. DSUAL RESIDENCE (W		
3.	FULL NAME C		tal or institut	ion, give street address or	Md		09
IN	SPITAL OR	- ()	0/	location)	C. CITT ON TOWN	outside corporate limitor	yrite RURAL and give township)
1	65	19 Glen	Oak	HVe Yrs.	O. STREET ADDRESS (If	rural, give location)	
c.	hength of st	ay in Baltimore		Mos. Days	6519 Glen	Ock Aue	
5.	SEX	6. COLOR OR RACE		E. MARRIED. VED. DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years If Und last birthday) Month	der I Year fl Under 24 Hours
	M	W	MAI	cried	Hug2,1875	75	9 9
orl	A. USUAL OCC	WORKING LIFE, EVEN IF retired	108. KIND	O OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 12	2. CITIZEN OF WHAT COUNTRY?
	et. Polie		100110	City Police	Waryord Co		454.
13	. FATHER'S N	AME J			14. MOTHER'S MAIDEN NA	AME	
1 ==	WAS DECEASE	D EVER IN U. S. ARME	D FORCES!	16. SOCIAL			
Ye	s, no or unknown)	(If yes, give war or dat	es of service)	SECURITY NO.	17. INFORMANT	/ -	RESS
_	YES	S.A.W.		214-12-1381	MrsWhiting,	651961en C	INTERVAL BETWEEN
	18. 444	X 1	DIDECTIV		OF DEATH		ONSET AND DEATH
	(This does	E OR CONDITION LEADING TO DEA not mean the mode	TH of duing a		entresion		3 Mars
	heart failur	e, asthenia, etc. It me complication which	ans the diseas	se,		•••••••••••••••••••••••••••••••••••••••	
				a.) DOE 10 //			
,		ANTECEDENT CAU	SES	(8)			
2		OR CONDITIONS,		NG			
<		ING CONDITION L		(C)			
1							
2		GNIFICANT COND					
ı L		TO THE DEATH, BUT SEASE OR CONDITION					
J	19A. DATE O	F OPERATION O	198. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
3			l ote mi	ACE OF INITIDY (-	in or 21c. WHERE DID (If in Baltimore City, give	YES NO
בוח	LYING OF	ENT WAS UNDER. CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.		if in Battimore City, give	e exact location;
2.	D. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJUR	Y OCCUR?	
	INSURT		m.	WHILE AT NOT WHILE AT WORK			
	22. I hereby	y certify that I at	tended the	deceased from	1932, 19 , to 9	- 22 - , 1950	that I last saw the
				and that death occu	rred at 3 A m., from t		
	23A. SIGNAT	URE	6.		23B. ADDRESS	121	23c. DATE SIGNED
2	4A. BURIAL. C	REMA- 24B. DATE	4	M. D.	ERY OR CREMATORY 24D. L	OCATION (City, town, or	9-22-90 county) (State)
Ti	ON REMOVAL (S	pecify) 9/25/	101	LORRA			
D	DURIO /		'S SIGNATI		1 25. FINER DIRECTOR	A A	ADDRESS 4/
	OCAL REGISTI	RAR	stor W	111	Wildre d T	=/36-6-6	207 Day
5	EP 2219	50	A TOP IN	THE REAL PROPERTY OF THE PERTY	full a 1,	1 orgina o.	10
	VS 150		* X	a B retained designa			, 02
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51		EALTH DEPARTMENT	0033
В	CERTIFICAT	E OF DEATH Registered No	
	NAME OF DECEASED Navid P 700	od 2. DATE OF DEATH	21.1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where decessed lived. If in	stitution residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address of	Illu Tersey	before admission)
	location location and location	C. CITY OF TOWN (If cutside corporate limits,	write RURAL and give township)
-	Yrs.	D. STREET ADDRESS (If rural, give location)	V-27
c.	ngth of stay in Baltimore Mos.	11/15	
5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific		nder I Yeer If Under 24 Hours the Days Hours Min.
10	A. USUAL OCCUPATION (Girchindof 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLAGE (State or foreign country) 1	2. CITIZEN OF
	INDUSTR	Missouri	WHAT COUNTRY?
1/3	EATHER'S NAME	14. MOTHER'S MAIDEN NAME	
-	William Nood	mace recoll	-
(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 6, no or unknown) (If yee, give war or dates of service) SECURITY NO.		DRESS
_		HOMES HOPKINS HOSPITAL	
		OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	alin meumonia	2 roles
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES		T. LT COURS
z	رق طيسم	une cell commone of	1 un -
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	epiglottis + tongue	
CA	UNDERLYING CONDITION LAST. (C)		
IFI			
RT	OTHER SIGNIFICANT CONDITIONS CON-		
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
DICAL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION	YES NO
MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg	in or 2 IC. WHERE DID (If in Baltimore City, giv INJURY OCCUR?	e exact location)
	20. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS	RED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILI		
	22. I hereby certify that I attended the deceased from 9	10 10 10 1	that I last saw the
	deceased alive on 9/2/ 1950 and that death occur		
			23c. PATE SIGNED

24c. NAME OF CEMETERY OR CREMATORY

本以及一个多数的时间的

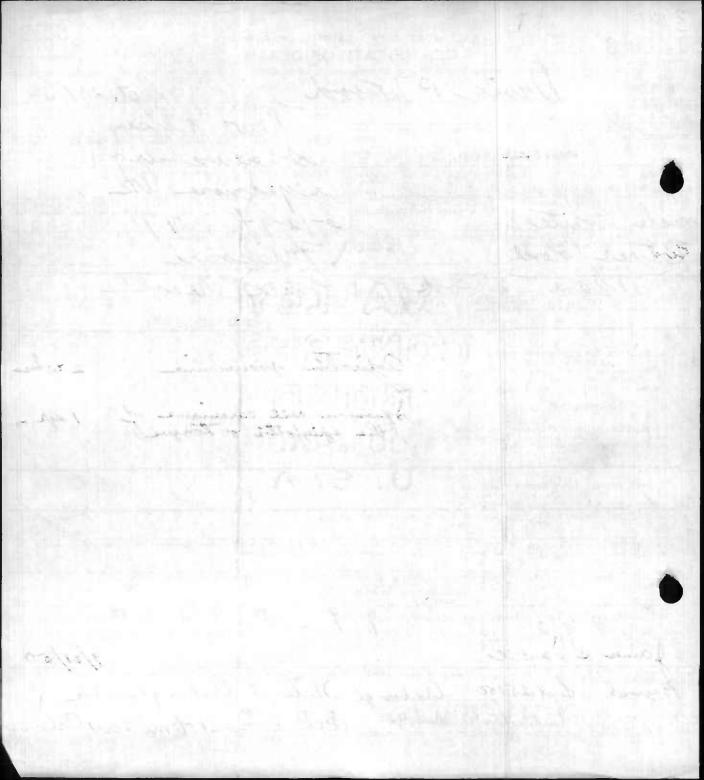
25. FUNERAL DIRECTOR

SER 2219

Kronest Home Love skew

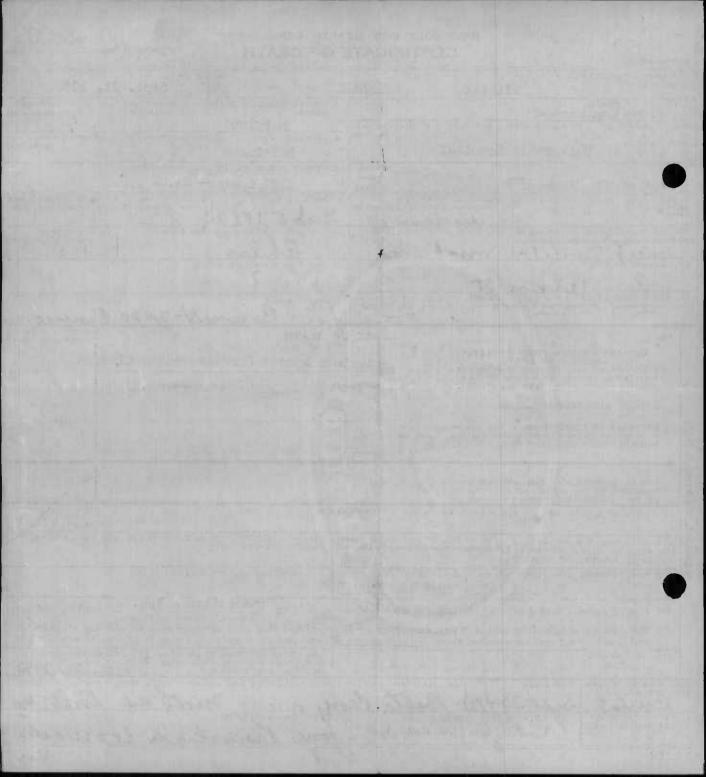
BURIAL, CREMA- 24B, DATE

CEIVED BY



530		
BALTIMORE CITY HE CERTIFICATE		8099
1. NAME OF DECEASED (Type or Print) WILLIAM BENNI	ETT 2. DATE OF Sept. 21, 19	950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION University Hospital	Moryland c. CITY OR TOWN (If outside corporate limits, when Baltimore	URAL and give township)
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1122 Lombard St W.	_
S. SEX Male 6. COLOR OR RACE Widowed, DIVORCED (Specify) Widowed, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) 10B, KIND OF BUSINESS OR	8. DATE OF BIRTH 9. AGE (In years Months Day State of Control of C	ys Hours Min.
work does during most of working life, even if retired) 13. FATHER'S NAME 13. FATHER'S NAME		AT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL (Yes, oo or uoloows) (If yes, give war or dates of service) SECURITY NO.	17 HIPORMANT ADDRESS	
18. 422, CAUSE	OF DEATH	EN A BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	iosclerotic Cardiovascular Disease	ET AND DEATH
(This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		***************************************
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., id	or 21c. WHERE DID (If in Baltimore City, give exac	
Z 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK		
22. I certify that I took charge of the remains described a		on and from
the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	$oxed{\mathbb{N}}$, accident $oxed{\square}$, suicide $oxed{\square}$, homicide $oxed{\square}$, undeterm	nined [].
23A. SIGNATURE 8. Deutschem 24A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETE!	238. CHIEF MEDICAL EXAMINER	1, 1950
Burel Sept 23-1950 Balto. Co	m. a north and By	Ot mo
LOCAL REGISTRATED THE	Joseph Krounskas du 60 z Cl	Josh
V S 151	093d N	Bez

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BALTIMORE CITY HEALTH DEPARTMENT

	50	8100	
Registered	No	OLUU	

Chion Budger Hew Window Hel

BI	S100 RTH NO.	71.12.	CERTIFICAT	E OF DEATH	Registered No.	oron
1. (T	NAME OF DE	BONNI	F JEAN	MAY	2. DATE OF DEATH 9/2	3//50
	PLACE OF DE. Baltimore Ci			4. USUAL RESIDENCE (W)		stitution: residence before admission)
B. He	FULL NAME ODSPITAL OR STITUTION	F (If not in hospit	al or institution, give street address or location)	C. CITY OR TOWN (If o	outside corporate limits, v	
, O.	Length of sta	y in Baltimore	14 Mos. Days	D. STREET ADDRESS 11f r	ural, give location)	5600
5.	SEX	S.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years I Um last birthday) Month	dei l Year If Under 24 Hours Hours Min.
10 worl	A. USUAL OCC done during most of	UPATION (Give kind of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12	WHAT COUNTRY
13	FATHER'S NA	ME 1.	may 1.	14. MOTHER'S MAIDEN NA.	ME Reits	
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	en Ir. aug	PRESS
ERTIFICATION	(This does the heart failure injury or of the heart failure in	OR CONDITION, ASSESSED ON CONDITION OR CONDITIONS, I E ABOVE CAUSE (A) NG CONDITION LA	DIRECTLY TH of dying, e. g., ms the disease, caused death.) SES F ANY, GIVING STATING THE AST. (C) (C)	pental		INTERVAL BETWEEN ONSET AND DEATH
CE	TO THE DIS	TO THE DEATH, BUT EASE OR CONDITION OPERATION 1		MATION		20. AUTOPSY?
AL	ISA. DATE OF	OF ERATION	36, MAJON FINDINGS OF OPEN	ATION		YES NO
EDICAL	21A. ACCIDEN HOMICIDE	(Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bldg., e	n or 21c. WHERE DID (If	in Baltimore City, give	exact location)
M	INJURY	Ionth) (Day) (Year)	m. WHILE AT NOT WHILE AT WORK		OCCUR?	0
	22. I hereby deceased alin		tended the deceased from 24 L, 19 5 and that death occur	rred at 3 2 m. from th	e causes and on the	that I last saw the
	23A. SIGNATI			Sp. ADDRESS INVESSILY		9/22/50
TIC	DA BURIAL, CR	EMA- 24B. DATE ecity) 9/2	3/50 PAME OF CEMETE	The Clause lake	CATION (City, town, of	dounty) V (State)
LC	TE RECEIVED	AR	5/SIGNATURE	25. FUNERAL DIRECTOR	the A	DDRESS 157a

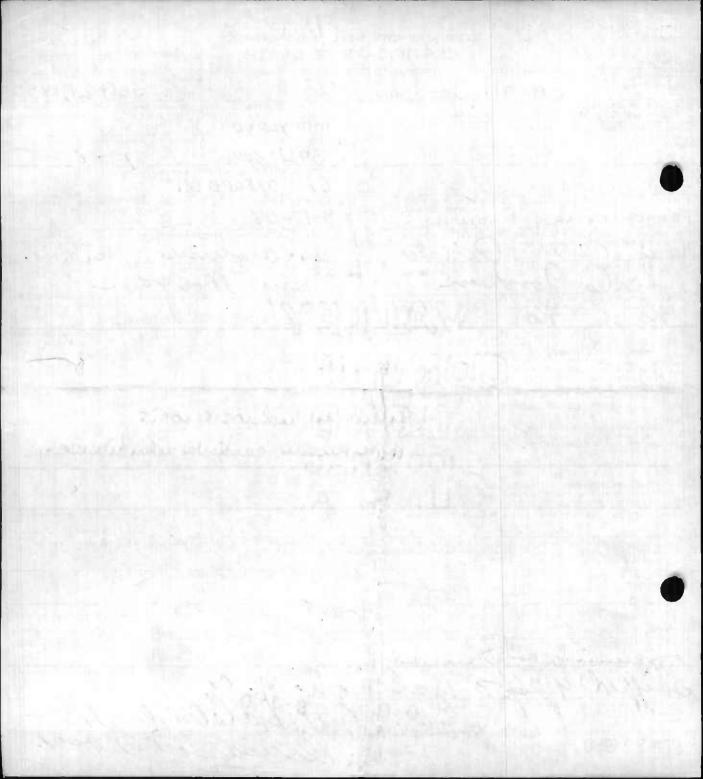
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

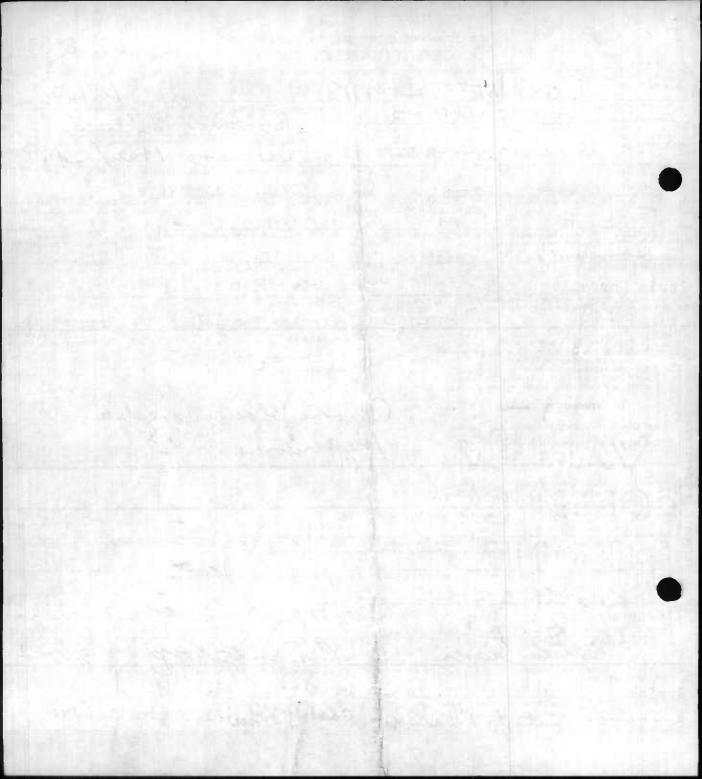
Segistered No. 8101

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	ARAH (Boodson		OF SE	Pt 21,1950
3. PLACE OF DEATH: a. Baltimore City, Maryla	nd OSL	4	4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in HOSPITAL OR	n hospital or institut	ion, give street address or location)	MARYLAND		
	DENS ROPKINS I		C. CITY OR TOWN (If	outside corporate limit	s, write RURAL and give township)
23	ANNO MOLYINO	RUSPITAL	BALTIMORE	1	7-07-00
		Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. eigth of stay in Baltin	nore	Mos. Days	522 OXFORD	st.	
5. SEX 6. COLOR OR		E, MARRIED.	8. DATE OF BIRTH	9. AGE (in years) #	Under 1 Year If Under 24 Hours
FEMALE COLOR:	Ed SIA	PED, DIVORCED (Specify)	9-18-08	last birthday) Mo	nths Days Hours Min.
IOA. USUAL OCCUPATION (Gi	ive kind of 108 KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f)	reign country)	12. CITIZEN OF
rures aid	PA	Ara Tel	he Carole	ind.	WHAT COUNTRY?
13. FATHER'S NAME	1	70	14. MOTHER'S MAIDEN N	AME	00,0,0.
Charles	hadan		mar.	na ama	
15 WAS DECEASED EVER IN IN	ADMED SOROSSO		111000	word	
15. WAS DECEASED EVER IN U.S.	ar or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
70 7	10	VOLUMENT 13-2011	- ANTIR	HUPLIAS HUSFITA	L
18. 11119 .		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR COND	ITION DIRECTLY				ONSET AND DEATH
LEADING TO	DEATH	., (A) Uver	10-		
(This does not mean the heart failure, asthenia, etc.	. It means the diseas	e.	***************************************	***************************************	
injury or complication	which caused death	.) DUE TO			
ANTECEDENT	CAUSES	0.1	Λ .		
		(B) lister	la henrios	lewsis	
DISEASES OR CONDITI	ONS, IF ANY, GIVIN	IG IE DUE TO			
UNDERLYING CONDIT	ION LAST.	4.000	la repluse.	100000a.d	iango .
		(c)[[m] [m.m.	COCCON COCCO		
11	,				
OTHER SIGNIFICANT TRIBUTING TO THE DEAT	CONDITIONS CON	1.			erstille
TO THE DISEASE OR COL	NDITION CAUSING I	т			
19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION	F	20. AUTOPSY?
21A. ACCIDENT WAS UN	DED 218 PLA	ACE OF INJURY (e. g., in	nr 21c, WHERE DID (I	f in Baltimore City, g	YES NO
LYING OR CONTRIBUT		arm, factory, street, nffice bldg., e	INJURY OCCUR?	in Baltimore City, g	ive exact location)
21D. TIME (Month) (Day)	(Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
INJURY		WHILE AT NOT WHILE			
	m.	WORK AT WORK _			
22. I hereby certify tha	t I attended the	deceased from B-	28 , 1950 to	1-21 1951	, that I last saw the
deceased alive on 9-	2/ 1950	and that death occur	red at 4,35 am., from th		e date stated above.
23A. SIGNATURE	()	2:	BB. ADDRESS		23c. DATE SIGNED
Decemen,	a-120.	medel M. D.	- Par Silate	Kind myspreal	
24A BUAIAL, CREMA 248.	DATE /	24C. NAME OF CEMETER	Y OR GREMATORY 240. LO	OCATION (City, town,	or county) (State)
ION REMOVAL (Specify)	2450	Kaller	ake M. C	1	
	-900	1 miles	700	1	
DATE REGISTRED DV I DEAL	TO ADEC CLOSE			1	1000000
OCAL REGISTRAR	STRAP'S SIGNATU	7et 0 0 1	TO FUNERAL DIRECTOR	to- 11	ADDRESS
DATE RECEIVED BY REGIS	STRAR'S SIGNATU	C. O C)	Wastals	tead-	ADDRESS -
OCAL REGISTRAR	STRAP'S SIGNATU	Williams M.	Watals	tead-	ADDRESS -
SEP 22 1950	STRAM'S SIGNATU	Williams, M.	1 Orcid	tead-	and.



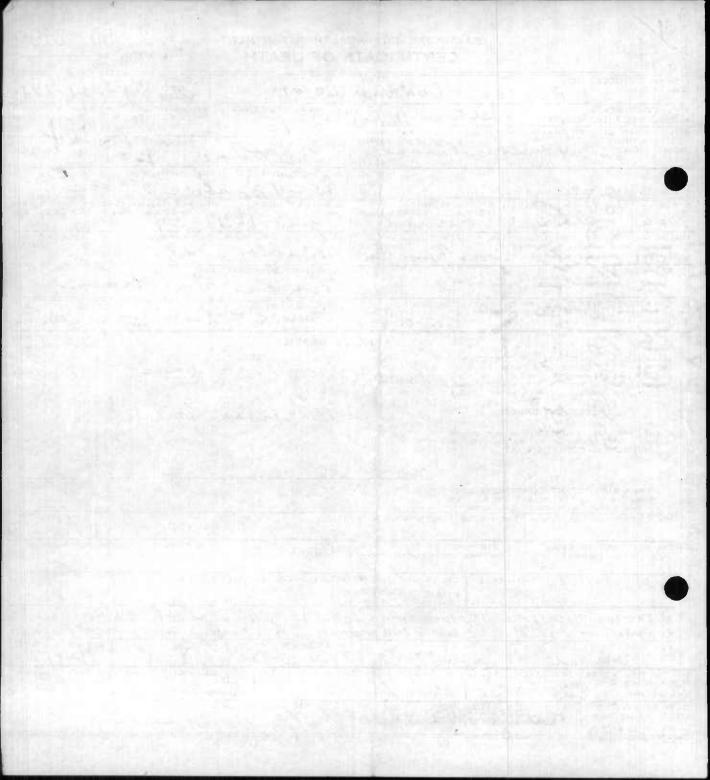
Registered No 8102 BALTIMORE CITY HEALTH DEPARTMENT 8102 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED, 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland 2// A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SFX 6. COLOR OF RACE SINGLE MARRIED 9. AGE (In years if Under I Year II Under 24 Hours I Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give hind of) 10B. KIND OF BUSINESS OR 11. EURTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of worlding life, even if retired) WHAT COUNTRY? 14. MOTHER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE WORK AT WORK 200 . 19 50 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 200, 19,50, and that death occurred at 3:80 km., from the eauses and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 230 DATE SIGNED 24D. LOCATION (City, town, or county) 24B. DATE 26 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTR'AR'S SIGNATURE OCAL REGISTRAR VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH CORRINE BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. Bulling A. Baltimore City, Maryland before admission) twork (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, white RURAL and give C. CITY OR TOWN INSTITUTION Tarula Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Fremont Ave 30yrs 7. SINGLE, MARRIED. Davs 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years elf Under 1 Year If Under 24 Hours WIDOWED, DIYORCED (Specify) last birthday) Months Days Hours Min. 11/14/1910 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Tousewife Annapolis, Md Domestic 13. FATHER'S NAME Louis Sorrell Daisy Carter 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Winslow Thomas (H) 507 N. Fremont -18-4638 18. 443X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20 AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK AT WORK Set 19 19 1 that I last saw the 22. I hereby certify that Lattended the deceased from .. 19 \ \ to_ deceased alive on \$7 17. 19 50 and that death occurred at 8 00 mm. from the causes and on the date stated above. 23A. SIGNATURI 23B. 23c. DAZE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 246. LOCATION (City, town, or county) Mt. Auburn Cemetery Balto. Md. 9/23/50 Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 612 Carrollton Ave LOCAL REGISTRAR VS 150 7208A 3/0

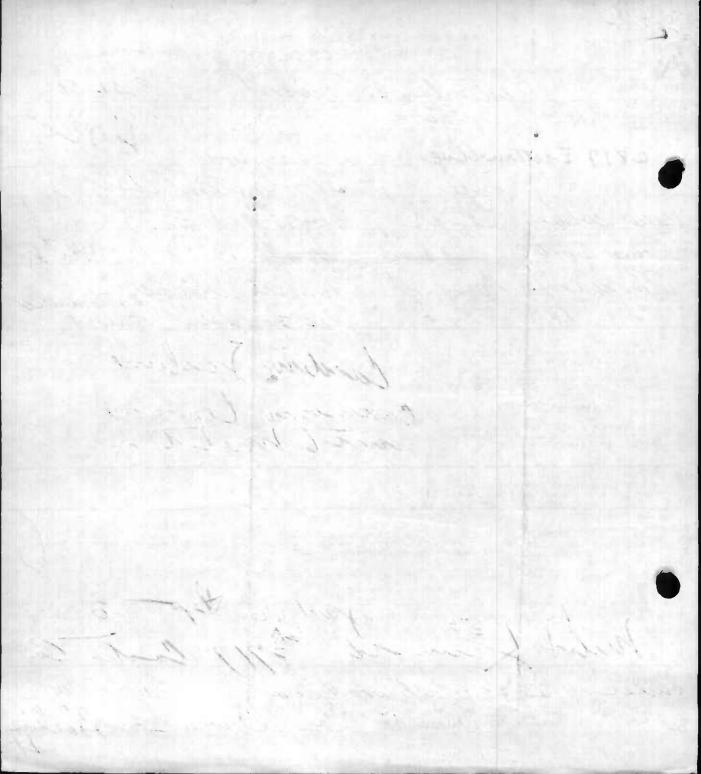


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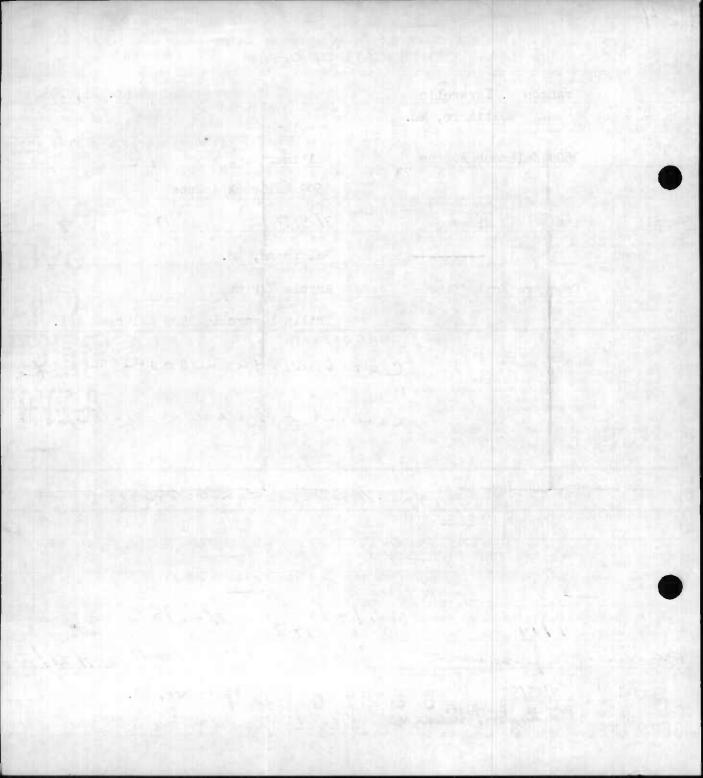
0	7 8104	EALTH DEPARTMENT	Registered No.			
ВІ	RTH NO.	E OF DEATH	Argustitu ito			
	NAME OF DECEASED PUSSELL CONRAI PUSSELL	LEWIS 2	OF Sept. 21-1950			
A.	PLACE OF DEATH: Baltimore City, Maryland Baltimore Home) A. STATE	re deceased lived. If institution; residence B. COUNTY before admission)			
	FULL NAME OF (If not in hospital or institution, give street address operation) SETITUTION 35 2 4 Costher Place	1	side corporate limits, write LURAL and give township)			
7	Yrs. Mos Day	2521180	al, give location			
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specif	8. DATE OF BIRTH 9	AGE (In years H Under 1 Year H Under 24 Hours Instituted Hours Months Days Hours Min.			
WOT	A. USUAL OCCUPATION (Give hind of domeduring moet of working life, everyif retired) Notice N	11. ERTHPLACE (State or foreign				
_	FATHER SAME Lewis	14. MOTHER'S MAIDEN NAMI				
15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SOCIAL	17. INFORMANT	ewis 3524 bether			
	715-01-861		Interval Between			
	18. 420, 1 CAUSE	OF DEATH	ONSET AND DEATH			
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	onary Thron	bosis 48 hu.			
38	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
	ANTECEDENT CAUSES	+	P.0			
Z	(B)	eule caralac	faillire			
E E	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
CA	UNDERLYING CONDITION LAST.					
RTIFICA	(C)					
ERT	OTHER SIGNIFICANT CONDITIONS CON-					
CE	TO THE DISEASE OR CONDITION CAUSING IT.		LOO AUTOPSYS			
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION	20. AUTOPSY?			
DIC	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g about bome, farm, factory, street, office bld;		n Baltimore City, give exact location)			
ME	In TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR	RED 21F, HOW DID INJURY O	CCLIB?			
	FINJURY WHILE AT NOT WHILE	E	CCORP			
	22. I hereby certify that I attended the deceased from	est 19 19 Sto Sen	7 21 . 19 Shat I last saw the			
	deceased alive on 21, 1910, and that death occ		causes and on the date stated above			
	23A. SIGNATURE V. foch will p.	238. ADDRESS Bulto	23c. DATE SIGNED			
TI	ON, REMOVAN (Specify)	TERY OR CREMATORY 240, LOC.	ATION (City, town, or county) (State)			
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS			
L	OCAL REGISTRAR	John 9. 6	Jonnelly			
1	SEP 22 1950	// /	1 00110			
1	6903D		0942			



50 8105 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ad to DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate infits write RAL and give INSTITUTION township 28 Yrs. D. STREET ADDRESS (If raral, give location) Mos. c. Length of stay in Baltimore Days 5. 8EX 6. COLOR PRACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) If Under I Year last bipthday) Months: Days Hours: Min. 10A. USBAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN work dangeduring most of working life, even if gettred) INDUSTRY wouse work nonce 13. FATHER NAME MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 419/ / to. , 19 ... That I last saw the deceased alive on 1 19 and that death occurred at A.m., from the causes and on the date stated above. 23A. SIC 24B. DATE (State) REGISTRAR'S SIGNATURE



50 8	8106					EALTH DEPARTMENT E OF DEATH	Registered N	00 81	UP
BIRTH N						- OI DEATH			
1. NAME (Type or	OF DECE.	Frances	R. Lava	rello			OF Sept	. 21, 19	50
A. Baltir		Maryland				4. USUAL RESIDENCE (institution : resi	
B. FULL HOSPITA INSTITU					dress or ecation)	Maryland c. CITY OR TOWN (I	f outside corporate limits	write RURAL	and give
(5)		3509 Wal	brook A	venue		Baltimore	15	- 00	lownship)
c Smart	h of stay	in Baltimore		73	Yrs. Mos.	b. STREET ADDRESS (If			
5. SEX		OLOR OR RACE	7 SINGLE	E. MARRIED,	Days	8. DATE OF BIRTH		Under 1 Year If Ur	nder 24 Hours
Femal	e V	White	Widow	wed		7/25/77	last birthday) Mor	nths Days Hot	irs: Min.
10A. USU ork dooedur	ing most of work	ATION (Give kind of ling life, even if retired	10B. KIND	OF BUSINESS	OR USTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN O	
13 EATH	None ER'S NAME					Baltimore, Md.		67.75	
15. 1 A111	LIN S NAME					14. MOTHER'S MAIDEN N	AME		
15 11110		Prospero				Angela Marini			
Yes, oo or u	nkoown) (I	ER IN U.S. ARME fyes, give war or date	D FORCES?	16. SOCIAL SECURITY	NO.	Philip Lavarel		ook Ave.	
(The injusted of the injusted	nis does not cart failure, as ury or company or company or company or company or company or cart failure, as the cart failure, as the cart failure of the cart failure	R CONDITION ADING TO DEA mean the mode of thenia, etc. It mes plication which ECEDENT CAUS CONDITIONS, I BOVE CAUSE (A) CONDITION L, II FICANT COND THE OEATH, BUT E OR CONDITION	TH of dying, e. g ans the diseas- caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE I CAUSING IT	(B) .C.9 (C)	./-6	relarterio	selzrosis	save:	h.a.
4 197.	DATE OF OR	PERATION	ISB. MAJOR	FINDINGS OF	OPER	ATION		20. AUTO	NO NO
LYIN		WAS UNDER- NTRIBUTING	21B. PLA about home, f	CE OF INJURY arm, factory, street, off	(e. g., ic	or 21c. WHERE DID (tc.) INJURY OCCUR?	If in Baltimore City, g		
		th) (Day) (Year	(Hour)	21E. INJURY OC	CURRE	D 21F. HOW DID INJUR	Y OCCUR?		
	IJURY -		. m.		T WHILE				
22. I	hereby cer	rtify that I at	tended the	deceased from	9/	4 /50 19 to 9	12115 8	that I last	saw the
deced	sed alive	on 9/14	1950	and that death	occur	red at \$9 m., from t	he causes and on th	e date state	d above.
23A. S	SIGNATURE	.9CP	n			3B. ADDRESS	St. Bult.	23c. DATE !	
	RIAL. CREM OVAL (Specify rial				EMETEI	The second second	OCATION (City, town,	or county)	(State)
LOCAL R	CEIVED BY REGISTRAR		E EIGH V	liance, M.	* 1	25. WHERAL DIRECTOR	" Sou Tos	ADDRESS M. Calver	184.
VS	150	74.		Gentler G				083	36

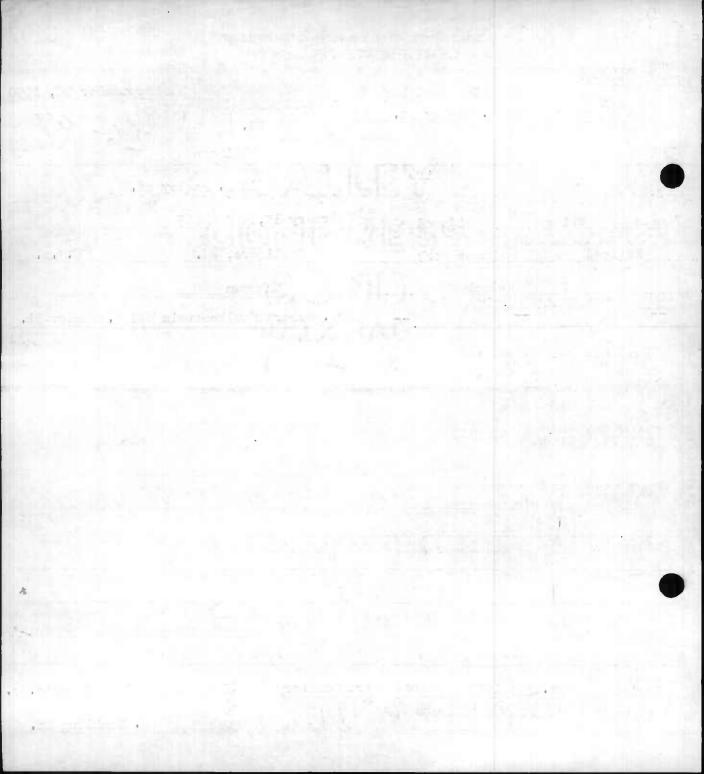


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0101		CATE OF DEATH	Registered 1	Vo. OTO
BIRTH NO.		DATE OF BEATT		
1. NAME OF DECEASED (Type or Print)	VERONICA GREELEY		2. DATE OF Sept	ember 20, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland 81	12 S. Fagley St.	4. USUAL RESIDENCE		
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION	tal or institution, give street add lo			s write RURAL and Live township)
c. Length of stay in Baltimore	Life	Yrs. D. STREET ADDRESS (In Mos. Days) 812 S	f rural, give location) • Fagley St.	
Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED Widowed	(Specify) February 13,1883	9. AGE (In years last birthday) Mo	Under Year II Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of sork done during most of working life, even if retired) Retired	1 10B. KIND OF BUSINESS	OR 11. BIRTHPLACE (State or Baltimore,		12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME	Welsch	14. MOTHER'S MAIDEN		
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	NO. Mrs. Robert Faul		DDRESS	
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. I me injury or complication which of ANTECEDENT CAUS DISEASES OR CONDITIONS. I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	DIRECTLY TH of dying, e. g., ans the disease, caused death.) SES (B)	USE OF DEATH ERCIDIASL HEM PRICERIUS (LERO		INTERVAL BETWEEN ONSET AND DEATH ISMIN. 6110) 3-5/15
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE DR CONDITION 19A. DATE OF OPERATION	NOT RELATED HE	MIPLELIA BILL	47	2/15
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY about home, farm, factory, street, offi		(If in Baltimore City, a	1.20
TIME (Month) (Day) (Year)	WHILE AT NO	T WHILE		
22. I hereby certify that I at deceased alive on SEYT,	tended the deceased from 2, 1950, and that death	a occurred at 4.30 P.m., from	the causes and on the	that I last saw the date stated above.

24K. BURIAL, (REMA-TION, REMOVAL (Specify)

Sacred Heart Cemetery | 25. FUNERAL DIRECTOR OR ADDRESS Burial DATE RECEIVED BY



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00	OTOO
BIRTH NO	

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

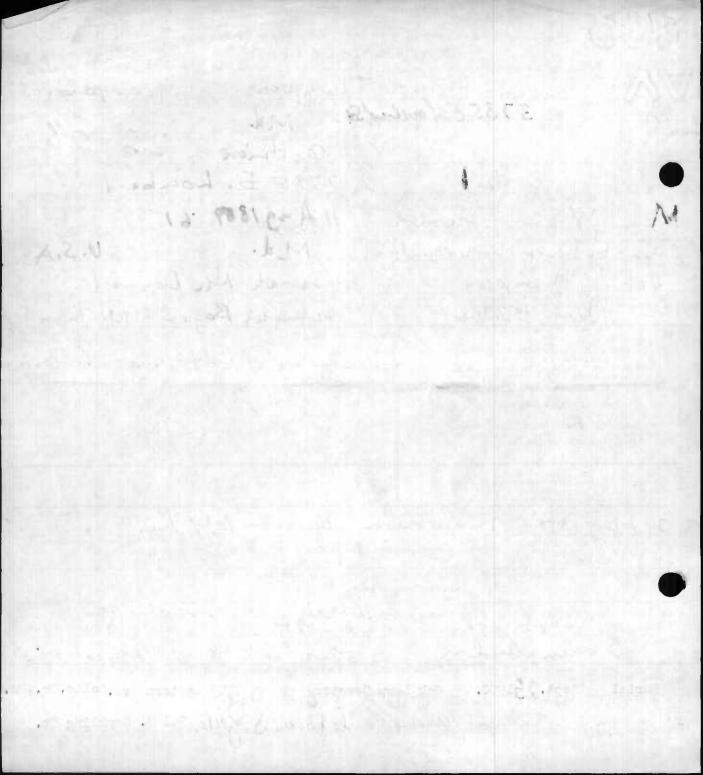
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Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) wohn pron MAL DEATH (0 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write HUIA), and give C. CITY OR TOWN INSTITUTION township) Whole Yrs. D. STREET ADDRESS (If rural, give location) Mod. ength of stay in Baltimore hou ban 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours: Min. remied 104. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doos during most of marking life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yee, no or nnknowo) SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DHE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION O 198. MAJOR FINDINGS OF 20. AUTOPS EDICAL noperable adhere no 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 195,90 20 Sept; 19 S, That I last saw the 22. I hereby certify that Lattended the deceased from 16 M deceased alive on 20)es + 195 and that death occurred at I.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE, SIGNED Zolepo. 24A. BURIAL, WREMA-24B. DATE TION, REMOVAL (Specify, Burial 7225 Eastern Ave. Balto. Co., Md. Oak Lawn Cometery DATE RECEIVED BY 25. FUNERAL DIRECTOR, LOCAL REGISTRAR

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BIRTH	NO.	UU

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

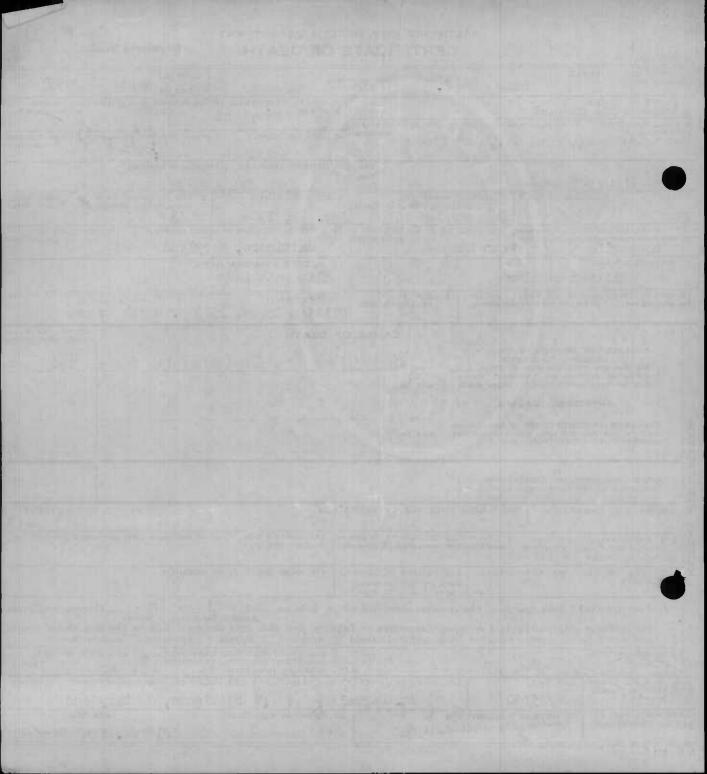
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B	RTH NO.				2 OI DENTIL			
1.	NAME OF C ype or Print)	JOHN FORD	STEVEN	NS		2. DATE OF Sep	t. 20, 1950	
A. B.	FULL NAME	City, Maryland	al or institut ospital	ion, give street address o location	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. CQUNTY before admission			
-		stay in Baltimore	?	Yrs. Mos. Days	D. STREET ADDRESS (If 710 AVO	rural, give location) ndale Road	5.300	
	SEX M	6. COLOR OR RACE	WEST	E. MARRIED. VED. DIVORCED (Specify	5/6/75	9. AGE (In years last birthday) Mo	il Under 1 Year onths Days Hours Min.	
1 C	None	CCUPATION (Give kind of of working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTR'	II. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	
		Stevens			14. MOTHER'S MAIDEN N			
15 (Ye	. WAS DECEAS , no or nnknown) Yes	ED EVER IN U. S. ARMEI (If you, give war or date WW I	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US	Marine Hospi	tal,Balto,Md.	
ERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LO II BIGNIFICANT COND G TO THE DEATH, BUT	TH of dying, e. ; uns the diseaseaused death SES F ANY, GIVIN STATING TH AST. ITIONS COL NOT RELATI	(B)	ign prostatic hyp urinary rete		h 3 yrs.	
AL C		OF OPERATION I		FINDINGS OF OPE	RATION		20. AUTOPSY7	
1EDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg.	in or 21c. WHERE DID (.etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)	
4	INJURY	(Month) (Day) (Year)	m.	21E. INJURY OCCURF WHILE AT NOT WHILE WORK AT WORK			50	
	deceased a	live on Sept. 2 TURE ON MILSON, M	0 19/50	Resour	pred at 4:55P m., from t 23B. ADDRESS US Marine Hospit	he causes and on t	that I last saw the the date stated above. 23c. DATE SIGNED 9/21/50	
A D	AA. BURIAL. ON REMOVAL (S ATE RECEIVE DCAL REGIST VS 150	D BY REGISTRAR	5,1950	Balti.	25. FUNERAL DIRECTOR	COCATION (City, town	(ADDRESS From	
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) MITNICK Sept. 21, 1950 Irene E. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits write C. CITY OR TOWN RURAL and give INSTITUTION805 St. Paul St., 1st floor township) Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore 1805 St. Paul St. 1st Floor Dava 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | M Under I Year | M Under 24 Hours last birthday) | Months: Days | Hours: Min. White Female married Dec. 31, 1906 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife Baltimore, Maryland own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Bassler Elizabeth Long 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. William Brown, 2913 W. North Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Generalized carcinomatosis (site unspecified) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY DICAL YES 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... Sept. 22, MEDICAL INVESTIGATOR ... 24A. BURIAL. CREMA-TION, REMOVAL (Specify) DUTIAL 24c. NAME of CEMETERY OR CREMATORY 24p. LOCATION (City, town, or county) 24B. DATE 9/25/50 Haltimore. Maryland REGISTRAR & SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR St. Paul Street

VS 1514 1000

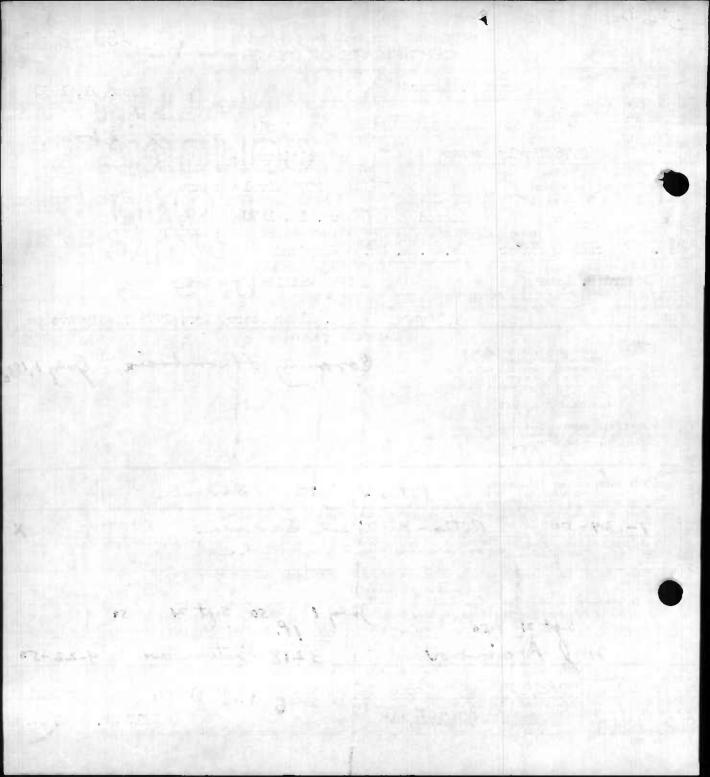


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8111

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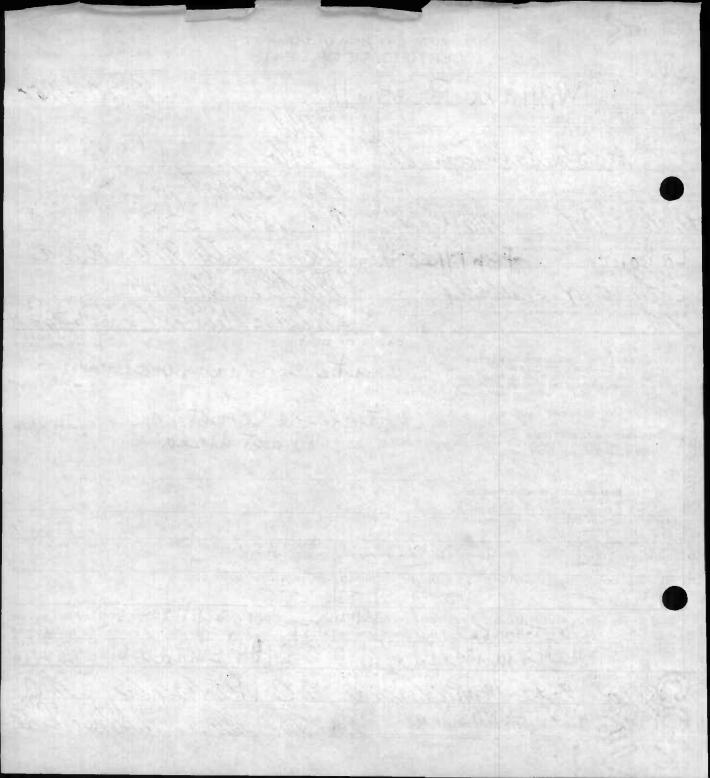
BIRTH NO.						
1. NAME OF (Type or Prin		rman T.	Lamar		2. DATE OF DEATH Se	pt. 21, 1950
B. FULL NAM	City, Maryland IE OF (If not in hospi	tal or institut	ion, give street address o	A. STATE	ENCE (Where deceased live B. COUNTY	d. If institution : residence
HOSPITAL O		ly Aven	location)	c. CITY OR TOWN		imis with RURAL and give township)
ngth or	stay in Baltimore		Yrs. Mos. Days		ess (If rural, give location	
5. SEX male	6. COLOR OR RACE	WIDOW	MARRIED. ED. DIVORCED (Specify)	Dec. 12, 18	loot hinthday)	Months Days Hours Min.
vot dopeduring m Ret. Te	occupation (Give kind of part of working life, exen if retired Legraph Uperat	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ard B. Lamar			14. MOTHER'S MA	Jane Lamar	
15. WAS DECE (Yes, no or unknown)	ASED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO. NONO	17. INFORMANT A. Elmer St	tarr, Jr., 2776	ADDRESS Tivoly Avenue
Z O DISEAS RISE TO UNDEF	LEADING TO DEA oes not mean the mode illure, asthenia, etc. It mes or complication which ANTECEDENT CAUSE OF THE ABOVE CAUSE (A) ELYING CONDITION L. SIGNIFICANT COND ING TO THE DEATH, BUT DISEASE OR CONDITION	of dying, e. g ans the disease caused death SES IF ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE	(B)		Sarcoma	2 July 1,195
. 19A. DATE			FINDINGS OF OPER	- 5	evma	20. AUTOPSY?
LYING D	IDENT WAS UNDER- OR CONTRIBUTING		CE OF INJURY (e. g., arm, factory, atreet, office bldg.,		OID (If in Baltimore Ci	ty, give exact location)
2 ID. TIME	(Month) (Day) (Year		VHILE AT NOT WHILE WORK	ED 21F. HOW DID	NJURY OCCUR?	
	cby certify that I at alive on Sept 21	_	deceased from Jand that death occur	1 0		950, that I last saw the
23A. SIGN		ano		33B. ADDRESS	Eastern an	n the date stated above. 23c. DATE SIGNED 9-2-2-5
24A. BURIAL TION, REMOVAL DUTIS	(Specify) 9/25/5	0		k Cemetery	Baltomore,	Maryland ADDRESS
SEP 221	950 Tinta	ator Isl	liante, Miss	Km. Cook		7 St. Paul Stree
VS 150		- CA	A MARKET B. F.			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO 1. NAME OF DECEASEN 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B FULL NAME OF location) (If outside corporate limits, Virte LURAL and give HOSPITAL OR INSTITUTION township REET ADDRESS (If rural, gire location) Yrs. Mos. th of stay in Baltimore Days A (in years | fi Under | Year | If Under 24 Hours | In birthday) | Months: Days | Hours | Min. 6. COLOR OF RACE 7. SINGLE, MARRIED. 11. BIRTHPLACE (State or for 12. CITIZEN OF BUSINESS OR worldone during most of working life, even if retired INDUSTR 15. WAS DECEASED EVER IN U. S. AMMED FORCES? (Yes, now unknown) (If yee, give war or dates of service) SOCIAL SECURITY NO. NTERVAL BETWEEN 18.4,20.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY oronary Declusion LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO rterio-scleratic ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL YES NO A 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE WORK 1-20-19 50 that I last saw the , 1949 to set 22. I hereby certify that I attended the deceased from work , and that death occurred at 5 p. m., from the causes and on the date stated above. deceased alive on 12 23c. DATE SIGNED 23B ADDRES 23A. SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY CEIVED BY REGISTRAR , VS 150



BALTIMORE CITY HEALTH DEPARTMENT

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В	S113 IRTH NO.			CERTIFICATI	E OF DEATH	Registered N	0.
	NAME OF D Type or Print)		ctor Eu	gene Carroll		OF Sept.	20, 1950
Α.	PLACE OF D Baltimore (City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE () A. STATE Maryland		
H	OSPITAL OR ISTITUTION	127 N. Cu		location)		f outside corporate limite	write RURAL and give township)
C.	Length of s	tay in Baltimore	Li	fe Yrs. Mos. Days	o. STREET ADDRESS (If	AND COLUMN	
	sex	6.COLOR OR RACE White		E. MARRIED. /ED, DIVORCED (Specify)	B. DATE OF BIRTH July 21, 1904	9. AGE (In years	Under 1 Year II Under 24 Hours nths Days Hours Min.
worl	A. USUAL OC k done during most of Route For	CUPATION (Give kind of of working life, even if retired) eman		of Business or INDUSTRY Laundry	11. BIRTHPLACE (State or f Baltimore, Md.	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	John	Carroll			14. MOTHER'S MAIDEN N Ellen Donahue		V
15 (Ye	5. WAS DECEASE s, no or unknown)	D EVER IN U.S. ARME (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. 215-05-6564	17. INFORMANT Mrs.Lillian C.Ca		Culver St.
CERTIFICATION	heart failu injury or DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING TO THE O	LEADING TO DEA a not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAUSE SOR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. GIGNIFICANT COND TO THE OEATH, BUT ISEASE OR CONDITION FOPERATION 1	of dying, e. 1 uns the diseas caused death SES F ANY, GIVIN STATING TH CAUSING IT CAUSING IT STATING TH STATING STATING TH STATING	(B)	engag Dies	especial class	20, AUTOPSY?
EDICAL		ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City, g	YES NO ive exact location)
2	ID. TIME (Month) (Day) (Year		21E. INJURY OCCURRI		Y OCCUR?	•
	22. I hereb deceased al	live on	conded the	deceased from 2 and that death occur	red at 4.15P m., from to 3B. ADDRESS 1429 W. Fayette S	the eauses and on th	that I last saw the e date stated above.
E	4A: BURIAL, CON, REMOVAL (S BURIAL ATE RECEIVED OCAL REGIST	Sept. 23	1950 s signati	24c. NAME OF CEMETE New Gathedra	RY OR CREMATORY 240. L	altimore, Md.	or county) (State) ADDRESS O Liberty
	VS 150	J 1844 /		523 FC		Hei	osse

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5	811	1	BAI		EALTH DEPARTMENT E OF DEATH	Registered No.	CALL
ВІ	RTH NO.			CERTIFICAT	E OF DEATH	27.5.01.04 210.	
	NAME OF DE	CEASED	hels	ning I. Li	tsinger	2. DATE SEPT 2	21-50
A.		ity, Maryland		U _A	4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission)
HO	FULL NAME C SPITAL OR STITUTION			cion, give street address or location		f outside corporate limit.	
0	0	4031	BOAK	MAN AVE.	Walten	rose 2	township)
		ay in Baltimore	le	Yrs. Mos. Days	4037 Boa	rural, give location)	ive
5.	male	May f		E, MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH 5/20/18-50	9. AGE (In years 10 m last birthday) Month	let 1 Year H Under 24 Hours ns Days Hours Min.
10	A. USUAL OCC	UPATION (Give kind of working life even if retired	I IOB. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	oreign country) 12	. CITIZEN OF
	House	wife-	Hous	e Wife	Ballymone	- md	WHAT COUNTRY?
13	FATHER'S NA	AME	~11	,	14. MOTHER'S MAIDEN N	AME	
15	WAS DECEASED	new	erth		Johanna	Preema	n
(Yes	no or unknown)	(If yee, give war or date	es of service)	16. SOCIAL SECURITY NO.	Bens F. Lilsen	4037 ADD	RESS
	18. 420	. /		CAUSE	OF DEATH	1 - 1000007	INTERVAL BETWEEN
	DISEASE	OR CONDITION	DIRECTLY	C			ONSE! AND DEATH
	(This does	LEADING TO DEA not mean the mode e, asthenia, etc. It me	of dying, e.	g., (A)	onary acc	cusios c	6 days
	injury or	complication which	caused death	DUE TO WUL	scardial in	wholeson	
_	-	ANTECEDENT CAU	SES		of the control of the second	- U coming	
NOL		OR CONDITIONS,				•••••••••••••••••••••••••••••••••••••••	
A		ING CONDITION L		HE DUE TO			
Ӹ		153 BALL (1940)		(C)			
F		GNIFICANT COND					
G		TO THE DEATH, BUT					
AL	19A. DATE OF	OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDIC/	21a. ACCIDEN HOMICIDE	T. SUICIDE, (Specify)	218. PLA	ACE OF INJURY (e. g., l	n or 21c. WHERE DID (If in Baltimore City, give	e exact location)
ME				The state of the s	- Made it a cocolity		
	NNJURY	fonth) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	22. I herebu	eertify that I at		1	1 10 , 1944, to	1/2/ 1950	hat I last saw the
	deceased ali	ve on 9/21	, 1950,	and that death occur	rred at 1525 m., from	he causes and on the	date stated above.
	234. SGNATI	INTO. F	Ostor	M. D.	3B. ADDRESS Wind	our aus !	9/22/17
24 TIC	A. BURVAL, CE N. REMOVAL (Sp	ecify) - /	/	24C, NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town, or	county) (State)
-	Burial	- 1	50	the doured		vard Co. V	rfd.
LO	CAL REGISTR	AR T	1 16/1	Laure 11 h	C.W.Lamon	4010	DLATA
=	EF ZU 13	00	11100	1/1/200	S. II -wire	au sacrey	1000
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BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8115

Registered No.

BIRTH NO.			CERTIFICA	TE OF DEATH	are gibtere	. 4 110.		
1. NAME OF D (Type or Print)	ECEASED W.	ILLIAM 1	HARRISON BEN	SON, SR.	2. DATE OF DEATH	ept. 22, 1950		
	City, Maryland	-1 1 - 4'4 4		4. USUAL RESIDENCE				
B. FULL NAME HOSPITAL OR INSTITUTION]	800 Guilford		on, give street addres Iocati		If outside corporate l	imits write HURAL and give township)		
c. Ogth of s	tay in Baltimore		Yr Mo Da	s. 1800 Guilford A)		
5. SEX male	6. COLOR OR RACE white	7. SINGLE WIDOW Mar	MARRIED. ED DIVORCED (Spec	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.		
Dairyman	CUPATION (Give kind of of working life, even if retired) (own bus.)		OF BUSINESS OR INDUST Tying	11. BIRTHPLACE (State or Maryland		12. CITIZEN OF WHAT COUNTRY		
Steven Be	nson			14. MOTHER'S MAIDEN	NAME			
15, WAS DECEASI Yes, no or unknown)	ED EVER IN U. S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO	Mrs. Mary Benso	n - 1800 Gu	ADDRESS ilford Ave.		
DISEASES RISE TO T UNDERLY OTHER S THE TRIBUTING	in to mean the mode of the asthenia, etc. It mean complication which of anticomplication which of anticomplication which of anticomplication which complication can be also as the complete of	ns the diseas: aused death SES F ANY, GIVIN STATING TH ST. TIONS CDN NOT RELATE	(B)	h. arterios ele	iosis	Indefinate		
TD THE D	ISEASE DR CONDITION	CAUSING I		PERATION		20. AUTOPSY?		
LYING O	DENT WAS UNDER- R CONTRIBUTING	218. PLA about home, f	CE OF INJURY (e. arm, factory, atreet, office bl	g., in or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore Cit	ty, give exact location)		
21D. TIME INJURY 22. I hereb deceased a	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from the deceased alive on the date stated above 23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED							
24A. BURIAL, CTION, REMOVAL (S Burial DATE RECEIVE LOCAL REGIST	9/25/50 D BY REGISTRAR		Loudon Par		to. Md.	ADDRESS		
SEP 23	1950 7	to 1	Villiams, ALA	Jym. J. Can	ms / Sou	one of		

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	8116		ВА	CERTIFICATE	ALTH DEPARTMENT	Registered	I No.	8116
BI	RTH NO.	But the state of t		CERTIFICATI	OF DEATH	•		
1. (T	NAME OF DI ype or Print)	HOWARD SO	CKWELL	KELLY		OF DEATH	ept. 22,	1950
	PLACE OF DE Baltimore C	EATH: lity, Maryland			4. USUAL RESIDENCE (VA. STATE New Jerse			: residence fore admission)
H	FULL NAME OSPITAL OR ISTITUTION	US Marine Pk. Drive & 3	Ho spi t			f outside corporate lin	mits, write RI	URAL and give township)
c.		tay in Baltimore		days Yrs. Mos. Days	o. STREET ADDRESS (If 919 Queer			
5.	SEX M	6. COLOR OR RACE	WIDO	E, MARRIED, WED, DIVORCED (Specify) ried	1/8/12	9. AGE (ln years last birthday)	It Under 1 Year Months Days	H Under 24 Hours Hours Min.
	done during most o	CUPATION (Give kind of f working life, even if retired) INOOT		D OF BUSINESS OR INDUSTRY	New Jersey	oreign country)	12. CITI	ZEN OF AT COUNTRY?
13	Samuel I				14. MOTHER'S MAIDEN N Lyla Garriso			
15 Yes	, mo or unknown)	D EVER IN U. S. ARMED (If yes, give war or date)	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US Ma	arine Hospit	address	to, Md.
NOI	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING						4	is munth
IFICAL		RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
CER	TO THE O	IGNIFICANT CONDITION TO THE OEATH, BUT	NOT RELA	TEO 1T			120	AUTOPSY?
7	19A. DATE O	F OPERATION 7	98. MAJO	R FINDINGS OF OPER	ATION		YES	(man)
EDIC/	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in o, farm, factory, atreet, office bldg., e		If in Baltimore City		
Σ	O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI				Y OCCUR1			
	deceased al	ive on Sept. 22	cnded th 2, 19 50	e deceased from Sop, and that death occur	red at 9:30 Am., from	Sept. 22, 19 the causes and on	the date s	stated above
	23A. SYSTAT	maray	, 2	M. O.	US Marine Hospit		1d 9,	22/50
2. TI	AA, BURIAL, CON, REMOVAL (S	Decify)	50	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L		wn, or county	(State)

9 - 25 - 50 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS
John O.Mitchell & Sons, Inc.-1900 Eutew Place

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mercond to total and and the local beautiful	ALE MAN	

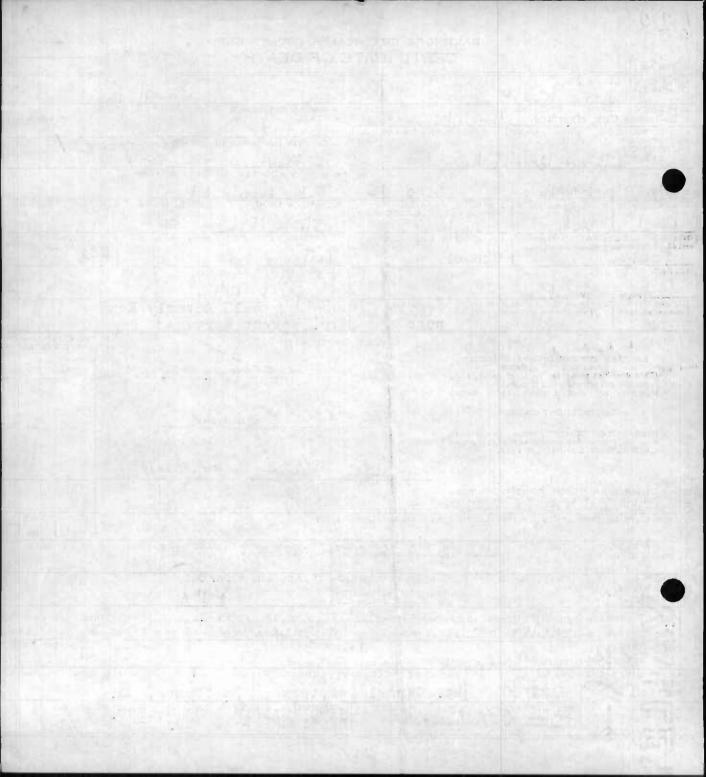
1.	20						
C	8117 IRTH NO.	,			EALTH DEPARTMENT	Registered No.	8117
1. (7	NAME OF Cype or Print)	Annie Kra	uk			2. DATE OF DEATH 9/2/50	
Α.	Baltimore	City, Maryland	Ballinore	Maryland ion, givestreet address or	4. USUAL RESIDENCE (Where deceased lived. If ins B. COUNTY	titution : residence before admission)
H	OSPITAL OR	ti.	pital or institut	location)		If outside corporate limits, v	yric DUFAL and give township)
-	South 110	Himore Gen	eral Hos	rital Yrs.	D. STREET ADDRESS ()	f rural, give location)	
		stay in Baltimore		Life Mos.	32 10 Beverly	Rd.	
	Female	6. COLOR OR RAC	Sing	E, MARRIED, PED, DIVORCED (Specify)	5/18 - 1896	9. AGE (In years little last birthday) Month	on 1 Year If Under 24 Hours Days Hours Min.
wor	Teache	CUPATION (Give kind of working life, even if retire	School	OF BUSINESS OR INDUSTRY	Baltimore Md.	foreign country) 12	SA COUNTRY
13	George	NAME			Margaret Mil	NAME	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARM (If yes, give war or d	IED FORCES? ates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT 3210 Mrs. Vernon Ha		RESS
	18. 4	43X	44.4	CAUSE	OF DEATH		INTERVAL BETWEEN
	(This doe heart fail	SE OR CONDITIO LEADING TO DI s not mean the mod ure, asthenia, etc. It n complication which	EATH e of dying, e. p neans the diseas	e. 11	Tinsure Cardii	s-varculus dising	14 years
z		ANTECEDENT CA	USES	with	Cardiae fail	me	
CERTIFICATION	RISE TO	S OR CONDITIONS THE ABOVE CAUSE (YING CONDITION	A) STATING TH	HE DUE TO			
IFIC		11		(c) and	Cerebral thu	ou bosis	
CERT	TRIBUTIN	SIGNIFICANT CON G TO THE DEATH, BE DISEASE OR CONDITI	JT NOT RELATE	ED .			
		OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
IEDICAL	21A. ACCIDI HOMICIDE	ENT. SUICIDE, (Specify)	21B. PLA	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City, give	e exact location)
Σ	ID. TIME	(Month) (Day) (Ye	9109111111	21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK	No. of the Land Control of the Contr	RY OCCUR?	
					17\50, 19, to 9\ rred at 10: 10 1.m., from		
	234 SIGNA				38 ADDRESS		23C DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DURIAL 24D. LOCATION (City, Jewn, or county) ery Baltimore
WERSANDER SONS,
IMORE - 13, MD. 9/23/50 Mt. Carmel Cemetery Md. DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE ADDRESS

tunturator // Mile

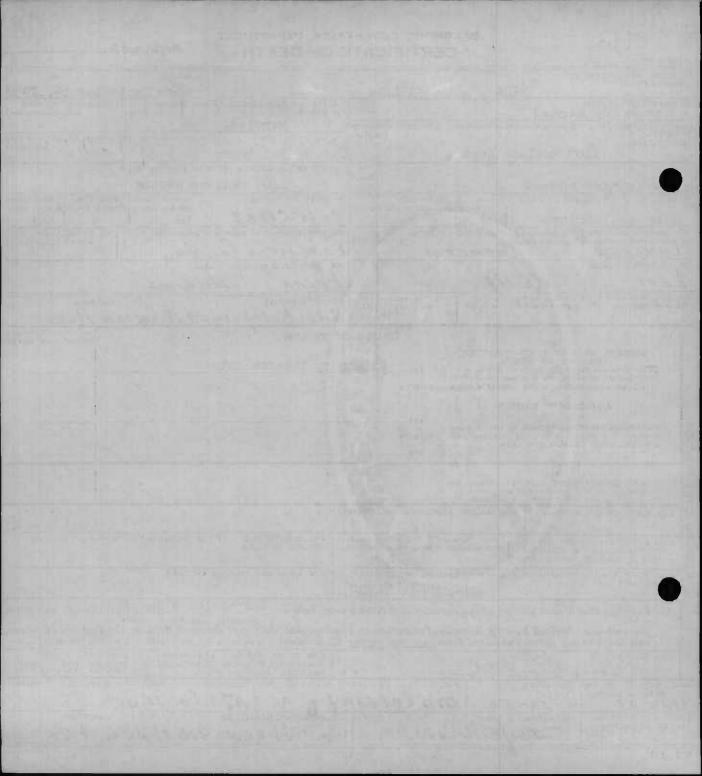
0938V

(State)



8118	BA	CERTIFICATE	EALTH DEPARTMENT	Registered No	00 8138
BIRTH NO. 1. NAME OF DECEASED				Lo DATE	
(Type or Print)	RION	KELLEY		2. DATE OF DEATH Septem	nber 19, 1950
3. PLACE OF DEATH: A. Baltimore City, Mar	yland		4. USUAL RESIDENCE (V		
		tion, give street address or location)	Maryland	outside corporate limits,	write RURAL and give
	Madison Avenu	ne	Baltimore		township)
		Yrs. Mos.	D. STREET ADDRESS (If		
c. gth of stay in Ba		Days		son Avenue	nder) Year (M. U. J. Od U.
Male Cole	ored Wibou	E. MARRIED. VED, DIVORCED (Specify) UED	8-15-1888	9. AGE (In years Mont	nder 1 Year H Under 24 Hours ths: Days Hours Min.
10A. USUAL OCCUPATION ork done during most of working life, LABORER	(Give kind of) 108. KIND	OF BUSINESS OR INDUSTRY	LANCASTER CO.	oreign country) 1	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14576	7,744	14. MOTHER'S MAIDEN N	AME	
LEVI	KEILY		LAURA A	lickins	
15. WAS DECEASED EVER IN Yes, no or unknown) (If yes, gi	U. S. ARMED FORCES? ve war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
, , , , ,	,	0200111110	NILE KElly-14	LOT MADISON	AUE
This does not mean heart failure, asthenis injury or complication and the state of	II NT CONDITIONS CO DEATH, BUT NOT RELATI CONDITION CAUSING I	g., (A) Pulmo se, h.) DUE TO (B)	onary tuberculosis	5	20. AUTOPSY?
21A. EXTERNAL CAUS	- 1170	ACE OF INJURY (e.g., in farm, factory, etreet, office bldg., e		If in Baltimore City, give	YES NO X
UTING CAUSE OF	DEATH.				
E 21D. TIME (Month) (I		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F, HOW DID INJURY	Y OCCUR?	
22. I certify that I	took charge of the	remains described a	bove, held an Inspect	tion & Inquiry	thereon and from
the evidence ob	tained by said Auto	opsy, Inspection or I	Autopsy, nquiry, find that said d	Inspection or Inquiry cceased died on the	day stated above,
23A. SIGNATURE	1/ Land Personal of		238. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER 23C.	DATE SIGNED 0t. 20, 1950
24A. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL DATE RECEIVED BY RICCAL REGISTRAR SFP 23 1950	48. DATE - 23 - 50 EGISTRAR'S SIGNATI	MT. CALVAL	RY OR CREMATORY 240. L	A. Co., Mp.	r county) (State)
V S 151		9709	9	0	134

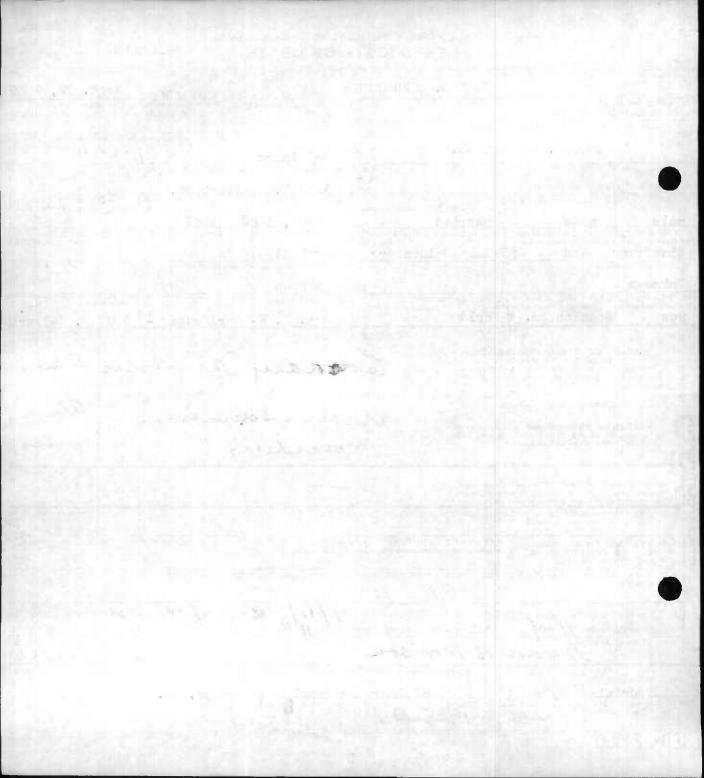
V S 151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	81:	00
gistered	NU	() 1.	A.C.
gisterea	No		

BIRTH NO.		CERTIFICATI	E OF DEATH	Registered .	No
1. NAME OF C	DECEASED			2. DATE	
(Type or Print)		JOHN E. NORDHOUSE		OF (Sept. 20, 1950
3. PLACE OF D	EATH:		4. USUAL RESIDENCE (V		
	City, Maryland		A. STATE	B. COUNTY	before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institution, give street address or location)			
INSTITUTION	1007 N. Cal			outside corporate imi	ts, write RURAL and give township)
120			Baltimore		
		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	stay in Baltimore	Days	1007 N. Calve		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours onths; Days Hours Min.
male	white	married	May 5, 1883	67	
IOA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauf feur		Selman Goldenberg	Maryland		WHAT COUNTRY
13. FATHER'S	NAME		14. MOTHER'S MAIDEN N	AME	
Unknown			Unknown		
	ED EVER IN U, S. ARMEI	D FORCES? 16. SOCIAL			
yes	(If yes, give war or date	s of service) SECURITY NO.	17. INFORMANT		DDRESS St.
1	Spanish Am.	œ ndird	Mrs. J. E. Nor	dhouse - 1	007 N. Calvert
18. 420	1)	CAUSE (OF DEATH		INTERVAL BETWEEN
DISEAS	SE OR CONDITION		^	1 0	
(This does	s not mean the mode of	of dying, e.g., (A)	sonary Si	hombos	s she
injury or	re, asthenia, etc. It mea complication which o	ans the disease, caused death.) DUE TO	11		
Manager 2	ANTECEDENT CAUS	eec .	0		0
	ANTECEDENT CAUS		Lenia Solen	- 40	about
DISEASE	S OR CONDITIONS,	F ANY, GIVING			***************************************
	THE ABOVE CAUSE (A)	STATING THE DUE TO	word ad . I .:		8 ma
		(c)	yeard fis	******************	
	11				
	SIGNIFICANT CONDI				
	ISEASE OR CONDITION				
19A. DATE C	OF OPERATION 1	9B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
<u> </u>					YES NO
	ENT WAS UNDER.	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
CAUSE OF					
21p. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
MAJORI		m. WHILE AT NOT WHILE			
20 77 1			a tul med.	a / 20/ 100	2)
		tended the deceased from	9/11/, 19 66 to		2, that I last saw the
23A. SIGNA		, 1950 and that death occur	red at H. G. m., from t	he causes and on t	he date stated above.
23A, SIGNA	Theodo	4 H. Monison 2	3B. ADDRESS		23c. DATE SIGNED
24A. BURIAL,			: RY OR CREMATORY 24b. L	OCATION (City town	or county) (State)
ION, REMOVAL (S	Specify)	The second secon	Z40. E	COATION (CIG, LOWI	, or country, (plate)
Bur				lto. Md.	
DATE RECEIVE LOCAL REGIST	TO A D	S SIGNATURE	25 FUNERAL DIRECTOR	10/1/4	ADDRESS MI
	, emen	inter Milliams Alle	Drim. J. Jack	ner & son	= where; "ia
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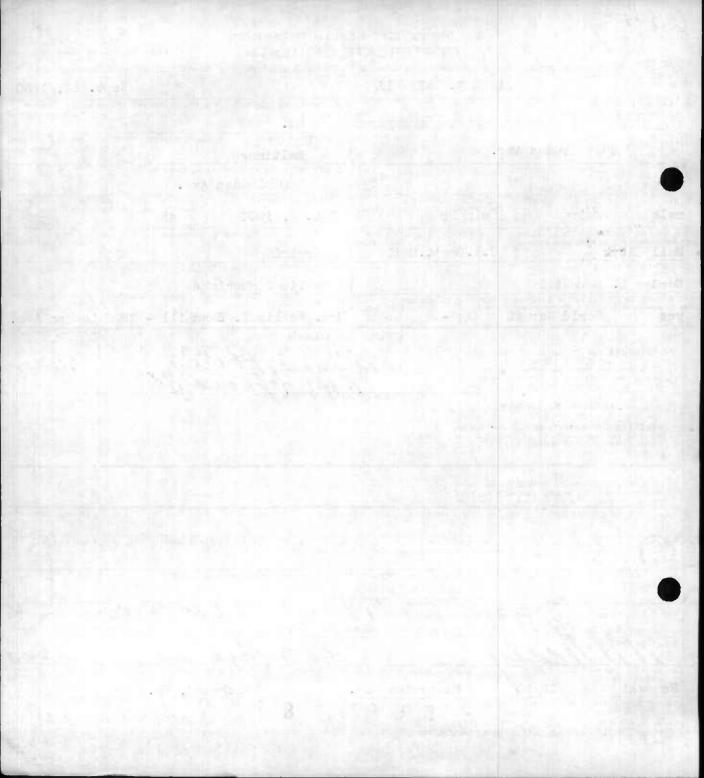
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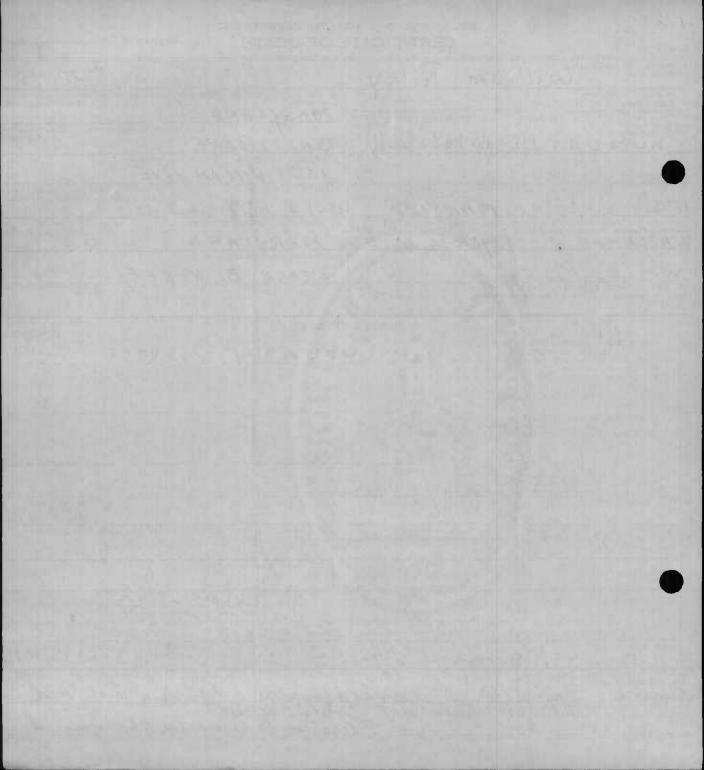
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 81.0

Registered No 1. NAME OF DECEASED 2. DATE (Type or Print) JAMES R. BARNHILL OF Sept. 22, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAE and give INSTITUTION 2806 Loudon Ave. Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 2806 Loudon Ave. igth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 8. DATE OF BIRTH 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months | Days | Hours | Min. male white Oct. 4. 1904 10A. USUAL OCCUPATION (Givekindef) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Mail Clerk U.S. Gov't. Mail Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gordon L. Barnhill Nellie Timberlake 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give wer or dates of service) World War #2 ADDRESS (Yes. no or unknown) SECURITY NO. yes Mrs. Nellie T. Barnhill - 2806 Loudon Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) FH 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL VEC 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 1946 22. 19 Othat I last saw the 19_ , 1950, and that death occurred at 4 Am, from the causes and on the date stated above, 23c. DATE SIGNED 9-23-50 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) 25/50 Removal Riverview Cem. Richmond, Va. DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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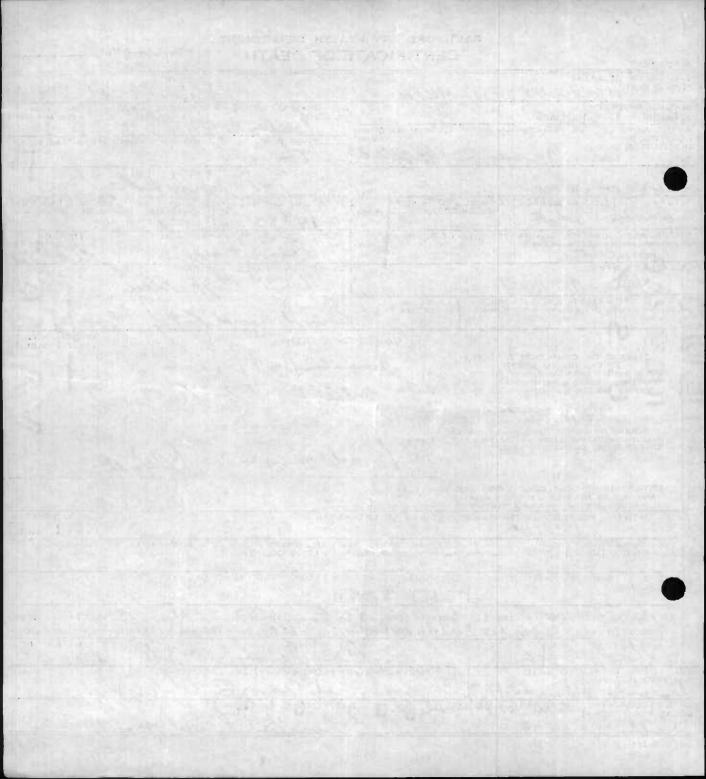


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8122 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MALY ANNE DILMUTH	2. DATE OF DEATH 9-21-50
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	A. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission) C. CITY OR JOWN (If outside corporate limits, write RURAL and give township)
Whim Mensione (Hospetale) Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days 5. SEX 6. COLOR OF RACE 7. SINGLE MARRIED	418 York Fd . 5300
Sense white WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year Months Days Hours Min. 11-19'395 11-19'395
10A. USUAL OCCUPATION (Give kind of ork dooe during most of working life, eyeo if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	OF DEATH Stiffent Besser & Tie & Miltel Stenson shopneumoria, Biletiel
19A. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPERA	YES NO
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., io about home, farm, factory, street, office bldg., et	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE MORK AT WORK	2 1F. HOW DID INJURY OCCUR?
The state of the s	red at 4: 25 Pm., from the causes and on the date stated above
Rebord Beach M.D. 1	38. ADDRESS Wien Welmich Hoptel 9.21-50
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Level Subject 1950 L	Cath. Cem. Fulletin (City, town, or county) (State)
DATE RECEIVED BY REGISTRARS SIGNATURE	25 TUNIRAL DIRECTOR ADDRESS
VS 150	DI



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55	212	3		TIMORE CITY HE			-		,	OLGO
BI	RTH NO.			CERTIFICATI	E OF DEATH	1	O Registered			
	NAME OF D						2.DATE			
			a F. W	aldhauser			_bc-0111	pt.2		
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDEN	NCE (W)	nere deceased lived. B. COUNTY	If instit		residence
В.	FULL NAME		al or institut	ion, give street address or				-	0	1
	STITUTION	100 M+ II-1	- C4	location)	c. CITY OR TOWN		utside corpor ite li	mits, wri	te RU	AL and give township
	00 6	129 Mt.Hol	Ly St.			imor				to witship
				Yrs. Mos.	D. STREET ADDRES					
	sength of s	tay in Baltimore	5 610161	Days Days	2129 Mt.H	OILY			4 14	
J.	357		WIDOW	ED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)	Months:	Days	If Under 24 Hours Hours Min.
	emale	White		owed	Mar.1,1872					
MOLF	done during most g	CUPATION (Give kind of gorking life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tate or for	eign country)			EN OF COUNTRY
_	OUSE-WI				Md.	7-3-				
13					14. MOTHER'S MAIL					
15		Hochhaus			Barbara We	giger	Շ			
(Yes	, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		03.00 1/	ADDRE		CT
	no			none	Mrs.A.R.Spa	irtan	a 2129 M	t. Ho	тту	St.,
ERTIFICATION	heart failu injury or DISEASES RISE TO T	LEADING TO DEAT not mean the mode ore, asthenia, etc. It mean complication which complication which complication which complication which complication which complication with the complication of the complic	f dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH	e, .) DUE TO Coro	non Selen	mb	and cha	me	2	yre
CERTIF	TRIBUTING	II IGNIFICANT CONDITO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D						
اد	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION				Г	UTOPSY7
EDICAL		ENT WAS UNDER- R CONTRIBUTING	21B. PLA about home, f	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	a or 21c. WHERE DII		in Baltimore City	y, give e	YES L	ocation)
Σ	TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID I	INJURY	OCCUR?	22-1		
	NSORT		m.	WHILE AT NOT WHILE						
	22. I hereb	y certify that I att	ended the	deceased from	army, 1948	to_Se	wt 2/ 19	So, the	at I le	ast saw th
	deceased al	ive on Sept 21	, 19/0	and that death occur	red at 8:300 m.,	from the	e causes and on	the do	ite st	ated above
	23A. SIGNAT	Eslivan	P.S	meth M.D. 2	38. ADDRESS Pa	ruf,	St.	23	c. DA	TE SIGNED
24 TIC	A. BURIAL. (S	REMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY		CATION (City, to	vn, or co	unty)	(State)
	rial	9-25-1	El con	Holy Redeem	er	Balt	imore,			Md.
	TE RECEIVE		SIGNAT	RE	25. UNEFAL DIRE				ORESS	
_	SEP 2319	350 millian	an I Inon	111111111111111111111111111111111111111	G. Howard St	trong	3207 W.	Nort	th A	ve.,
		100		- A - B*						

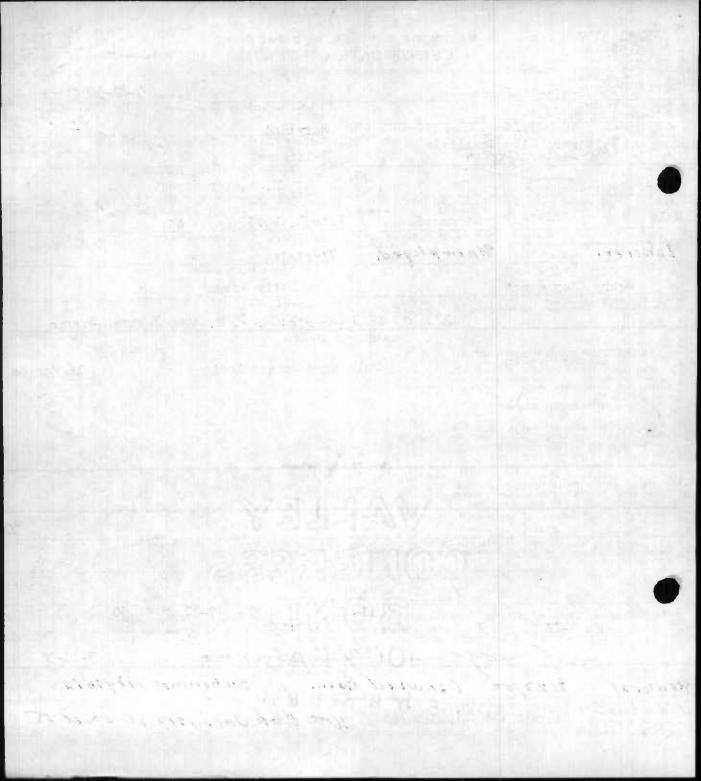
Dr EDW P Smith 920 × Bul

BALTIMORE CITY HEALTH DEPARTMENT

50 8454

8124			CERTIFICAT	F OF DEATH	Registered	No.	7.1 C 4
BIRTH NO.			CERTIFICATI	L OI DEATH		*10-	
1. NAME OF (Type or Print)					2. DATE	0 40	
3. PLACE OF D	Reginald .	ones			DEATH	2-50	
A. Baltimore	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, I B. COUNTY	if institution:	residence readmission)
B. FULL NAME	OF (If not in hospit	al or institut	ion, give street address or			06	
INSTITUTION	altimore Cit	y Hospi	tals location)		If outside corporate lim	its, write RU	
31 1	1940 Eastern 1	venue		Baltimore			township)
			Yrs. Mos.	D. STREET ADDRESS ()			
	stay in Baltimore		7 yrs. Days	433 N. Exete	r Street		
5. SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) M	If Under 1 Year	If Under 24 Hours
Male	White	Div	orced	July 8, 1905	45	ionins Days	Hours Min.
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or		J I2. CITIZI	EN OF
Labore	F.	Mne	mployed.	Virginia		WHAT	COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME		
Her	ry Clay Jone:	S		Lilly Brow			
15. WAS DECEASE	ED EVER IN U.S. ARMET	FORCES	16. SOCIAL	17. INFORMANT			
ies, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.			ADDRESS	
18. 00 2				Records: B. C. H	. 4940 Paste:		
000			CAUSE	OF DEATH			AL BETWEEN AND DEATH
	SE OR CONDITION LEADING TO DEAT	TH	D., 2	m .			
heart failu	not mean the mode o re, asthenia, etc. It mea	ns the diseas	e.	onary Tuberculos	is	16	Months
injury or	complication which c	aused death	DUE TO				
unant and	ANTECEDENT CAUS	ES					
DISFASE	S OR CONDITIONS, IF	ANY CIVIN	(B)		******************		
RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO				
SIONDERLI	ING CONDITION LA	ST.	(C)		****	4	
OTHER S	IGNIFICANT CONDI	TIONS CON					
] TRIBUTING	TO THE OEATH, BUT	NOT RELATE	D				
			FINDINGS OF OPER	ATION		1 20 ·A	UTOPSY?
						YES	No X
21A. ACCID	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., in arm, factory, street, office bldg., et	or 21c. WHERE DID	(If in Baltimore City,		
CAUSE OF	R CONTRIBUTING DEATH	about nome, i	irm, ractory, street, omce bidg., e	(c.) INJURY OCCUR?			-
21D. TIME	Month) (Day) (Year)	(Hour) 2	21E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?		
NJURY			WHILE AT NOT WHILE				
22 I hough		m.	deceased from 11-	1 1949 to	9-22 1050	0	
	ive on 9-22	enaca the	deceased from	1 2 1 5P to	7-22, 1900	0, that I la	ist saw the
23A. SIGNAT		, 1900.	and that death occur:	red at 2:15Pm., from	the causes and on t	1	
	C/1. C	200		1940 Eastern Aven	1118	9-22-	TE SIGNED
24A. BURIAL, C	REMA- 248. DATE	1/ 2	24C. NAME OF CEMETER		LOCATION (City, town	1	(State)
Removal (S	pecify) 9/23/		Dakwood C		homonol VII		(blace)
DATE RECEIVE	D BY REGISTRAR'S		170	25. FUNERAL DIRECTOR	3	Y	
OCAL REGIST	DAD Look di			wer look Inc		Parel	
SEP 2319	1501	7	11162	W- GOR ORG	: . /2// 54	- mar	
VS 150	100		with a second				

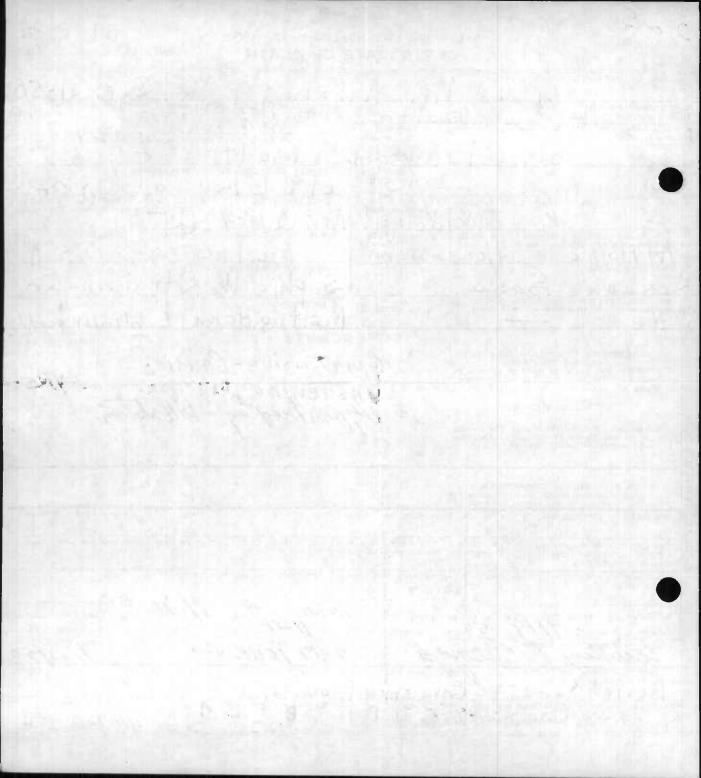
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JANSSEN

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

IRTH NO.	
NAME OF DECEASED LILLE MAY JANSSE 1 2. DATE OF DEATH SE	Pt. 21-50
Baltimore City, Maryland A. STATE 4. USUAL RESIDENCE (Where deceased lived, In a STATE B. COUNTY)	f institution : residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN If outside corporate limits of the corporate limits	s, write RURAL and give
60 619 6 Jehwood Nr. 18a 170. L	township)
Yrs. Do. STREET ADDRESS (If rural, give location) Mos. Days 6 9 9 Q W W O O O	LAVS
6. COLOR OR RACE 7. SINGLE, MARKIED. WIDOWED, DIVORCED (Specify) NOV. 13 1884 9. AGE (In years) Markied. WIDOWED, DIVORCED (Specify) NOV. 13 1884 9. AGE (In years) Markied.	Il Under 1 Year on the Days Hours Min.
OA. USUAL OCCUPATION (Give kind of retired) A dole duling most of working life, even if retired) A dole duling most of working life, even if retired) A dole duling most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	0.11.0
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	SINGAL
es, noor unknown) (If yes, give war nr dates of service) SECURITY NO. Nath O HOWard, 61	IGLEN wood Au
18. 443x CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO VASUEU/AR PA'ICOSE.	3YRS.
ANTECEDENT CAUSES & HA DIN TOUR PLUS - Dillo Tollo	-
DISEASES OR CONDITIONS, IF ANY, GIVING	4 7.
UNDERLYING CONDITION LAST. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c, WHERE DID (If in Baltimore City,	give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH About home, farm, factory, street, office bldg., etc.)	
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. work AT WORK	-0
deceased glive on 1, 1950, and that death occurred at 115 m., from the causes and on	_, that I last saw the
23A. SIGNATURE OF F CAROTTA M.D. 23B. ADDRESS VORK Red	23c. DATE SIGNED 9/23/50
24A. BURTAL CREMA 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town	n, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE _ 1.25 FUNE AL DIRECTOR A	ADDRESS
SEP 23 1950 tuntington Williams, No 10 pool Bio, 7/10	o Belin Py
VS 150	. 0



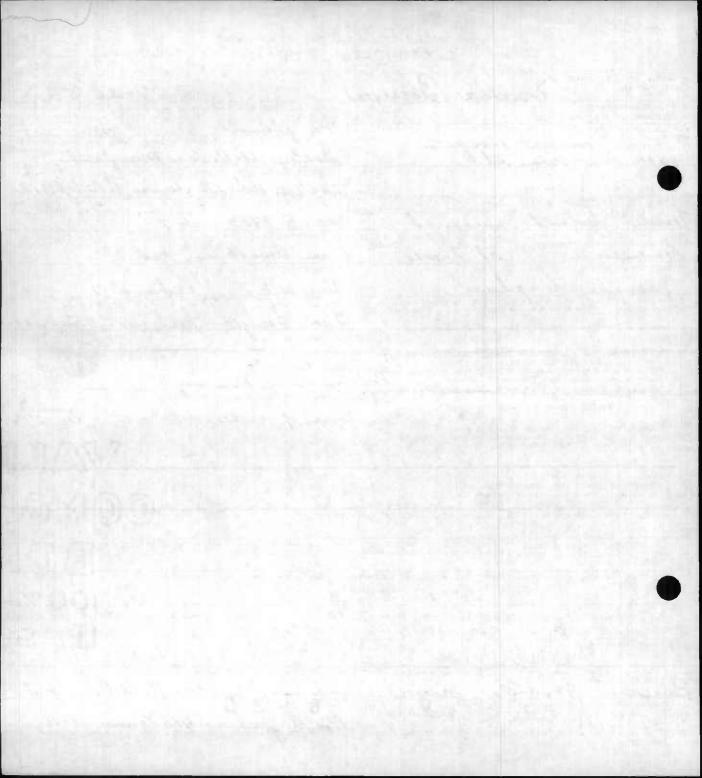
BOUYER BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered No.

В	IRTH NO.					1	
1. (T	NAME OF D		.11	13	16-,	2. DATE OF	
_		10 Dru	rilla	Lowyer	/	DEATH Y	2-50.
A.		City, Maryland			A. STATE	(Where deceased lived, If	institution: residence before admission
	FULL NAME OSPITAL OR ISTITUTION	Provident	tal or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate limits	s, write RURAL and kive
	1514 1	A .	st.		Solleys. 4.	4. 60. Mary	township,
c.	Lingth of s	tay in Baltimore		Yrs. Mos. Days	Solleys Ad.	(If pural, give location)	O. BN 312
5.7	SEX Longle,	6. COLOR OR RACE	WIDOW	E, MARRIED, ZED, DLVORCED (Specify)	B. DATE OF BIRTH May. 9. 1903	last birthday) Mo	Under I Year H Under 24 Hours nths Days Hours Min.
	A. USUAL OC	CUPATION (Give kind of	1 10B. KIND	OF BUSINESS OR		or foreign country)	12. CITIZEN OF
1	House		at i	Rame INDUSTRY	anne areales	60. ned.	WHAT COUNTRY
13	B. FATHER'S	NAME	1		14. MOTHER'S MAIDEN	NAME	
	Josep	le Cap	here		Vennetta	Kechand	e
Y	, no or unknown)	ED EVER IN U. S. AKME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	4 1 1	DRESS A G 1 312
	18. 17	1.0		CAUSE	OF DEATH	U- Restance	INTERVAL BETWEEN
		SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEA	TH	Carci	nometosis of F	Players &	9 1-50
	heart failu	not mean the mode oure, asthenia, etc. It mea	ans the diseas	e. P 7	oneum & Ple		9-1-50
	injury or	complication which	caused death	.) DUE TO FILE	sion o 1re	urisig	
		ANTECEDENT CAU	SES				
Z	DISEASE	S OR CONDITIONS, I		(B) Carcin	one of the c	ervy	7-10-50
=	RISE TO T	HE ABOVE CAUSE (A)	STATING TH		A TABLE TO THE M		
4	UNDERLY	YING CONDITION LA	AST.	(C)	***************************************	>****	
1							
1	OTHER S	II IGNIFICANT COND	ITIONS CON	1-			
ī	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
ر		F OPERATION		FINDINGS OF OPER	PATION		20. AUTOPSY?
1	I I I I I I I I I I I I I I I I I I I	OI EKATION O	J. MAJOR	TINDINGS OF OPEN	ATION		YES NO L
ز	21A ACCID	ENT WAS UNDER-	1 21B. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City, g	
NED		R CONTRIBUTING		arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
-	D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID 1NJ	URY OCCUR?	
	INSURT		m.	WHILE AT NOT WHILE			
	22 I harah	as contifus that I at		deceased from 7-	10 ,1957, to	9-1-3- 10 4	Dahat I last sam th
		live on 9-22	10 C	and that death occur	and at & ST am from	m the causes and on th	that I last saw the
	23A. SIGNA		, 1030		38. ADDRESS	The causes and on the	23c. DATE SIGNED
		Howe	NIS	me M.D.	11311	Tulleto	e 9/23/1
	4A. BURIAL, (S			24C. NAME OF CEMETE	AY OR CREMATORY 74	LOCATION (City, town,	or county) (State)
R	Jurial	9-24-	50 1	magothyCh	urch ben.	cobsville a.	a. 60. ned.
D	ATE RECEIVE	DAD LAND	5 - HE 1/1	DE GLAND	25. FUNERAL DIRECT	P	ADDRESS
-	SEP 231	950 Lunder	aver /1	Cooporation links	Nm. a. Jacks	ew-916 Tenn	as. Use
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0 1 0 5 0 17	BAT	LTIMORE CITY HE	EALTH DEPARTMEN	т	50 8127
BIRTH NO. 50 -	201651	CERTIFICAT	E OF DEATH	Registered 1	No
1. NAME OF DECEASE (Type or Print)	Baly C	ine Tro	ovato	2. DATE OF DEATH	-21-50
3. PLACE OF DEATH:	arvland		4. USUAL RESIDENCE		institution : residence before admission)
B. FULL NAME OF (1	f not in hospital or institut	tion, give street address or location)		7)	00
INSTITUTION OF	AGNES F	100 pilal	C. CITY OR TOWN		ts, write RURAL and give township)
		Yrs.	1 - 1 / - 1	If rural, give location)	-
c. bength of stay in H		Mos. Days	107 x X	igh ss	-
5. SEX		E. MARRIED, VED, DIVORCED (Specify)	5 Ep. 22 - 195		Under I Year II Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION		OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF
ork done during most of working li	fe, even if retired)	INDUSTRY	BALTIMO	RE	WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	TENTE T
15. WAS DECEASED EVER I	Trovoto	I 16. SOCIAL	ansociette	Baccala	
Yes, no or unknown) (If yes,	give war or dates of service)	SECURITY NO.	17. INFORMANT	A	DDRESS
(This does not mea heart failure, asther injury or complica ANTECE DISEASES OR CORISE TO THE ABOV UNDERLYING CO	11	(B) (C)	of DEATH draclusis	l hemarka , mild	INTERVAL BETWEEN ONSET AND OEATH
TRIBUTING TO THE	CANT CONDITIONS CONTROL OF CONDITION CAUSING I	EO			
19A. DATE OF OPER		FINDINGS OF OPER	RATION		20. AUTOPSY?
5	210 01	ACE OF INTURY (n or 21c. WHERE DID	(If in Baltimore City,	YES NO
LYING OR CONTE		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	(If in Banimore City,	give exact location)
D. TIME (Month)		21E. INJURY OCCURR		IRY OCCUR?	A POST TO THE REAL PROPERTY.
	m.	WHILE AT WORK		7	
	y that I attended the		1 - 1 1913/to_		, that I last saw the
deceased alive on_	9.12, 19.0		rred at m., from	the causes and on t	23c_DATE SIGNED
	Burone	M. O.	У.	og we chan	9.22.10
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	Sel 23.50	Holy Rosteo	RY OR CREMATORY 24D	30 Belain	Rol (State)
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATU	URE	255 FUN PAL DIRECTO	R	ADDRESS
	**		Treul Well	a hoer 32	2 S. High H
VS 150					11-0
					16000

alous 7 will sell ETH SNES HOTHER BALTLAGAE 526 ES 3425 BALTIMORE Bucks Sch 23.50 Holy Podermer En 4430 Brisis Rel Remile Ling Luca 32 5 5 1 9 1

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BIRTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

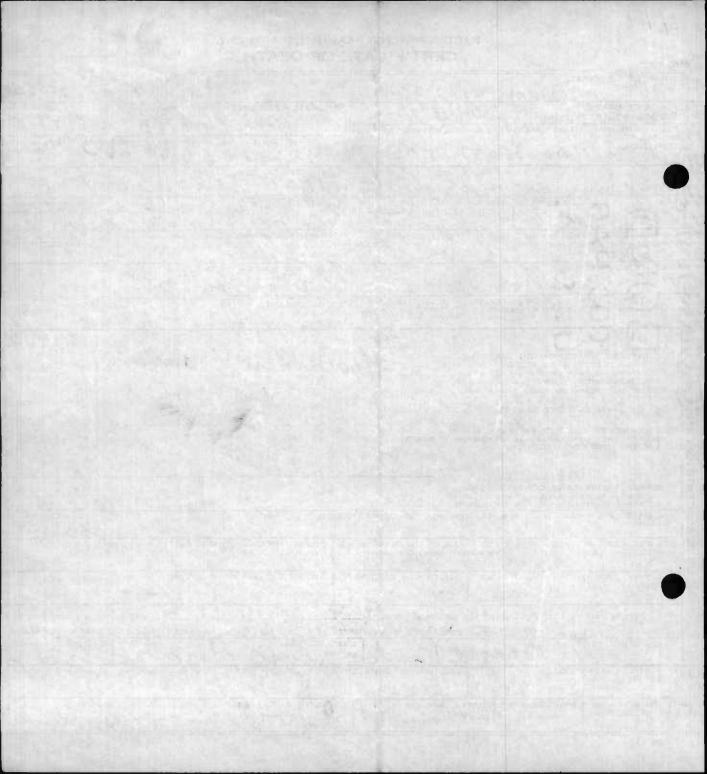
50 8128 Registered No.

BIRTH NO.	CERTIFICATE OF DEATI	2008-200-200				
1. NAME OF DECEASED (Type or Print) WILLIAM W.	ILPSON	2. DATE OF 9-21 11:55				
a. Baltimore City, Maryland Small	A. STATE	NCE (Where deceased lived, If institution : residence B. COUNTY before admission				
B. FULL NAME OF (If not in hospital or institution	location) C. CITY OR TOWN	(If outside corporate limits write RURAL and give township				
42 31HAT 1703	Yrs. D. STREET ADDRE	IMORE				
c. Length of stay in Baltimore diff	Mos. Days 4105	FERNITILL AVE				
male Muth WIDO	WED. DIVORCED (Specify)	9. AGE (In years In Under I Year last birthday) Months: Days Hours Min.				
work downduring most of working life, even if retired)	O OF BUSINESS OR 11. BIRTHPLACE (S	tate or foreign country) 12. CITIZEN OF WHAT COUNTRY				
13 FATHER'S NAME.	14. MOTHER'S MA	Hintersiit				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT	1. Putal Quelices Alda.				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dises injury or complication which caused dea	. g., (A) Wyo carries	e Ensufficiency				
ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(B)					
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TŁD					
	R FINDINGS OF OPERATION	20. AUTOPSY?				
O O O O O O O O O O O O O O O O O O O		YES NO				
2 ZIA. ACCIDENT, SUICIDE, 21B. PL	ACE OF INJURY (e. g., in or 21C, WHERE D , farm, factory, street, office bldg., etc.) INJURY OCCUR					
D. TIME (Month) (Day) (Year) (Hour) INJURY	WHILE AT NOT WHILE	INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 7-21, 1950 to 7-21, 1950 that I last saw the						
deceased alive on 7: 31, 1950, and that death occurred at 11:33 Pm., from the causes and on the date stated above						
23A. SIGNATURE . Bange	M.D. 238. ACORESS	tospital 7-21-5				
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Sept 24100,	245 NAME OF CEMETERY OR CREMATORY	240. LOCATION (City town, or county) (State)				
DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR SEP 23 1950	Mianie, Mir Carrolo	idlein hu 1902 Enter Pl				

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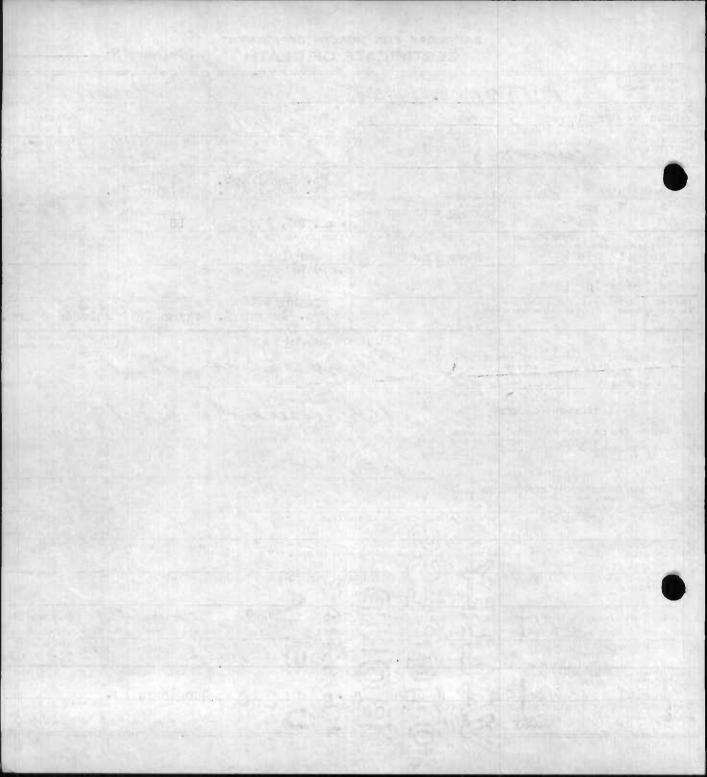


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BIR	H NO.

BALTIMORE CITY HEALTH DEPARTMENT CFRTIFICATE OF DEATH Registered No...

50 8129

BI	RTH NO.			CERTII ICATI	L OI BEATH		
	NAME OF DE	CEASED /4//	TON	E. 1.157		OF DEATH 9	-22-50
A.		ity, Maryland	Sevai		4. USUAL RESIDENCE (V	Where deceased lived. B. COUNTY	If institution: residence before admission)
H	SPITAL OR STITUTION	OF (If not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN (If	outside corporate lin	hitk, write LUKAL and give township)
C.	cength of st	ay in Baltimore		Yrs. Mos.	D. SIREET ADDRESS (If Mt. Royal Apt. Mt. Royal Ave.	rural, give location) Hotel	S+
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify				8. DATE OF BIRTH Jan. 26. 1892	9. AGE (In years) last birthday) 58		
10 vork	A. USUAL OCC. done during most of Mutual	CUPATION (Give kind of f working life, even if retired) Clerk		of Business or INDUSTRY & Tracks	11. BIRTHPLACE (State or for Maryland		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	AME		4	14. MOTHER'S MAIDEN NA	AME	
		erick List			-		
15 Yes	, no or unknown)	D EVER IN U, S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Janice V.	Bossom 334	ADDRESS 4 Belvedere Ave
CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				(B) ARA	yocardin Escora ari Lease	liyfar	ONSET AND DEATH
7	19A. DATE O	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDIC/	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		CE OF INJURY (e. g., in arm, factory, street, office bldg., «		f in Baltimore City	v, give exact location)
	D. TIME ()	Month) (Day) (Year)		VHILE AT NOT WHILE WORK AT WORK			
	22. I hereby certify that I attended the deceased from 8-30, 1957 to 9-22, 1950 that I last saw the deceased alive on 4-22, 1950 and that death occurred at 9 2m., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED						
DA	A. BURIAL, C N, REMOVAL (S) Burial	9/25/5	0/1	M. D. 24C. NAME OF CEMETE MOODIAWN CA	RY OR CREMATORY 24D. L.	Woodlawn	vn, or county) (State)
SI	P 23 95	O Hunti	ston /	Miana Ma	2/m. y. Vi	chenerty	as = Dallo
	VS 150		46.5	300 8	M/		9 3 1 mm

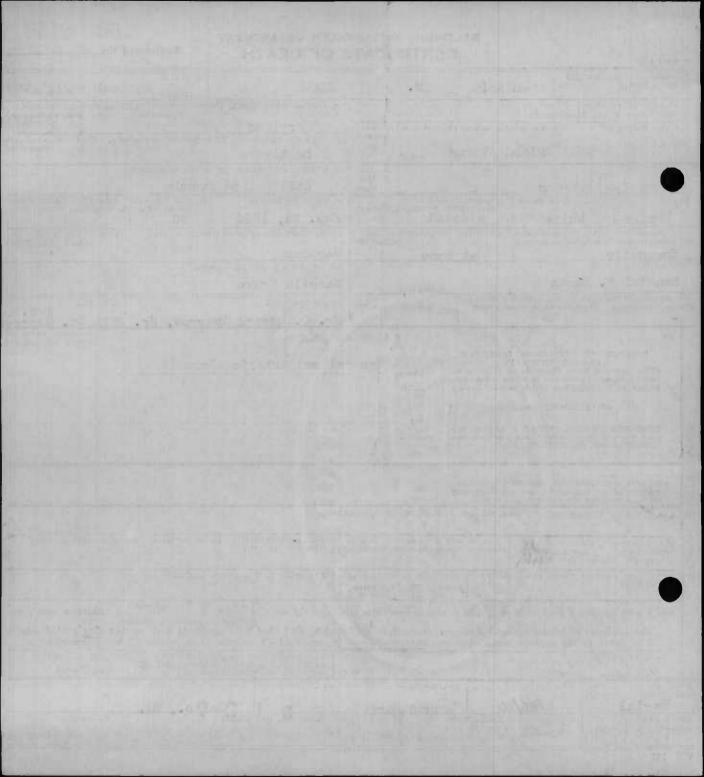


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BIRTH	1 NO.	

50 8139

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) MINNIE M. BTA NS September 21, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) of not in hospital or institution, give street address or B. FULL NAME OF Marvland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write toral and give INSTITUTION 4511 Roland Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos 4511 Roland Avenue hgth of stay in Baltimore Davs 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year last birthday) | Months: Days 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Hours; Min. Female White widowed 86 Feb. 24, 1864 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Marylam at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emaniel P. Mantz Mazella Grove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. C. Edward Sparrow. Jr. George 18. 450.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Generalized arteriosclerosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X YES EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK AT WORK Inso. & Inquiry 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... 9-22-50 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY I Burial oudon Park DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAB

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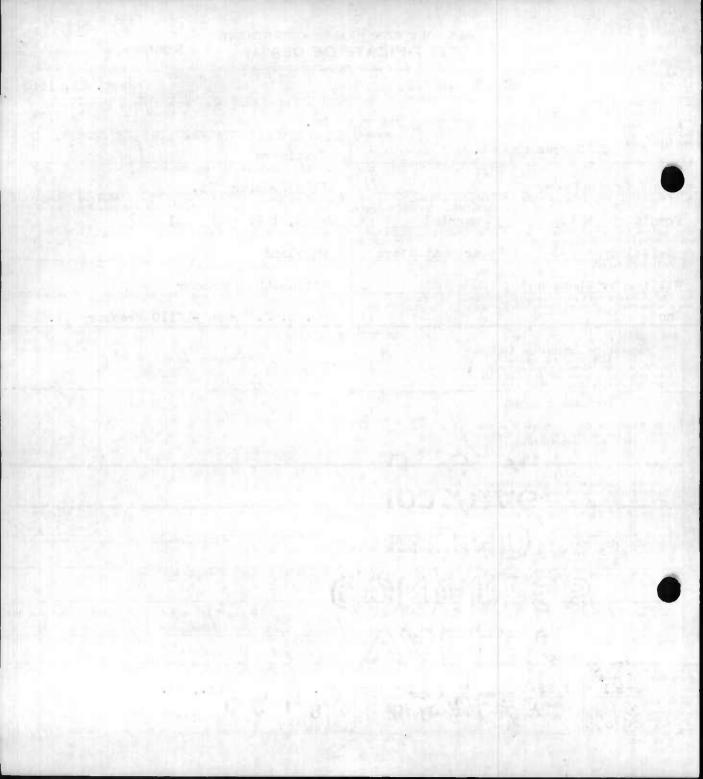
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BALTIMORE CITY HEALTH DEPARTMENT

50 8131

віктн по.	CERTIFICATE	E OF DEATH	Registered :	No.
1. NAME OF DECEASED (Type or Print) BESSIE E	. BROWN		2. DATE OF Se	pt. 21, 1950
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE () A. STATE Md.		f institution : residence before admission)
B. FULL NAME OF (If not in hospital or institutio	n, give strect address or location)		C	110
3110 Presbury St.		Baltimore	outside corporate imp	(s. write CRAL and give township)
c. Ogth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If		
5. SEX 6. COLOR OR RACE 7. SINGLE.	MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
female white mar		May 8, 1889	61	onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork dooe during most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
Saleslady Departm	ment Store	Maryland		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	ALL VIEW
William S. Shanaman		Elizabeth Alex	ander	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or uoknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
no		Mr. C. J. Brow	m - 3110 Pre	sbury St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES		nany Thromevious attack		INTERVAL BETWEEN ONSET AND DEATH / LOW
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO (C)			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	FINDINGS OF OPERA	ATION		20. AUTOPSY7
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, far CAUSE OF DEATH	E OF INJURY (e. g., in m,factory,street,office bldg.,et	or 21c. WHERE DID (: tc.) INJURY OCCUR?	If in Baltimore City,	
NJURY	IE. INJURY OCCURRE	D 21F, HOW DID INJUR	Y OCCUR?	
		1036. 1	1. + 21 105	A
22. I hereby certify that I attended the d	nd that death occur			o, that I last saw the
23A. SIGNATURE Lavis E: Wi		3B. ADDRESS	el At.	23c. DATE SIGNED
24A. BURIAL, CREMA- FION, REMOVAL (Specify) Burial 9/25/50	Loudon Park		OCATION (City, town	, or county) (State)
DATE RECEIVED BY RESISTEAR'S EUCH PLANT OF THE PROPERTY OF THE		25 FUNERAL DIRECTOR	bener & San	D- Cally
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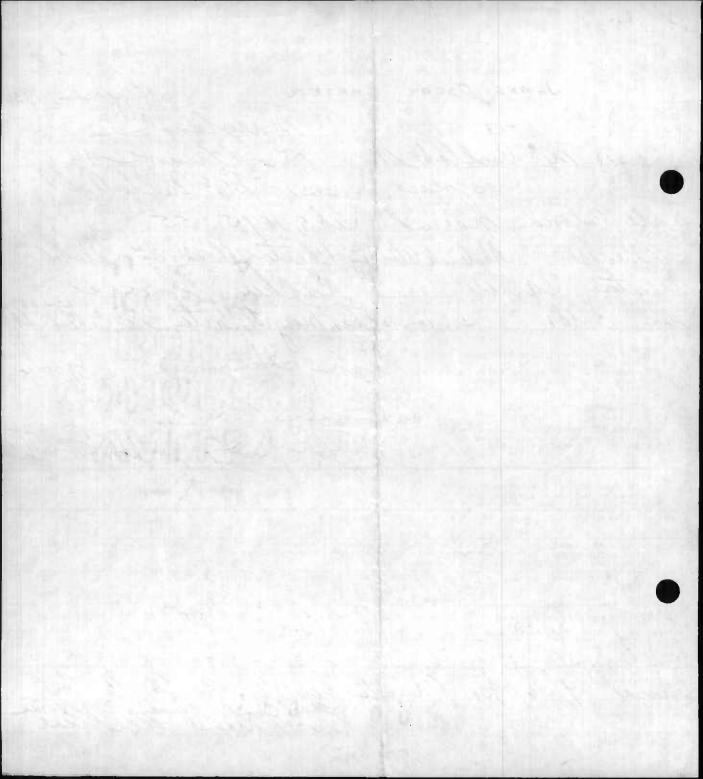


C = 63 6 50 8132

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8132 Registered No.

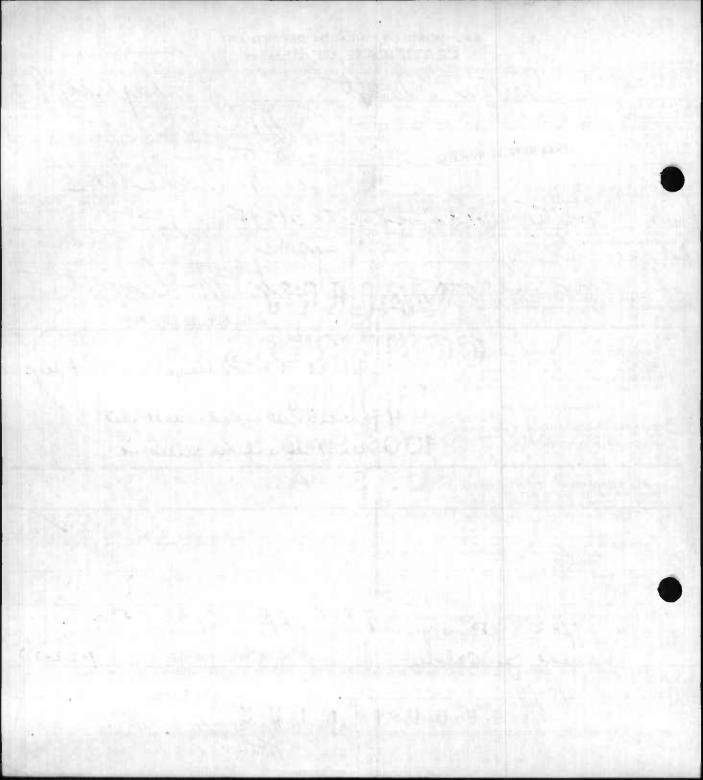
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) JAMES	OSCAR (CARTER	2. DATE OF DEATH SEA	102.2 100
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL DESIDENCE ()	Where deceased lived. I in	stitution : residence before admission)
HOSPITAL OR INSTITUTION &	stitution, give street addr	ation \	f outside corporate limits,	write RURAL and give
202/8 /N. Cu			rural, give location)	14-0-15
c. Ligth of stay in Baltimore 5-91X 6.COLOG OR RACE 7. SU	grano	Mos. 22/0 MC	- Cullus	001.
male Colored 1		Brecity) 8. SATE OF BIRTH	9. AGE (In years I Un last birthday) Mont	dei I Year If Under 24 Hours hs: Days Hours Min.
10 A USDAL OCCUPATION (Give kind of vork dooe during most of working life, even if retired)	UND OF BUSINESS O	DR 11. BIRTHPLACE State or f.	oreign country)	CITIZEN F
13. FATYER'S NAME A	usale Clari	14. MOTHER'S MAIDEN N	AME	asia
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, opfor unknown) (y yes, profiler or dates of service)	16. SOCIAL	LATAW	Thoma	e e
(Yes, cofor unknown) (Yyes, give first or dates of service)	200-09-2823	NO. / / ///	ster me	ullah St.
AS. DISEASE OR CONDITION DIRECT	/-	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	, e. g., (A)	arebal Henry	hoge	of days
injury or complication which caused of	death.) DUE TO		,0,	
DISEASES OR CONDITIONS, IF ANY,		enerally IN	er Steros	
RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	G THE DUE TO	Violignay	Zhylodenson	8 month
OTHER SIGNIFICANT CONDITIONS		U	W	
TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 19B, MA	JOR FINDINGS OF	OPERATION		
N N N N N N N N N N N N N N N N N N N		The Independent of Independen		YES NO
	. PLACE OF INJURY (nome, farm, factory, street, office	(e. g., io or 21C. WHERE DID (i bldg., etc.) INJURY OCCUR?	If in Baltimore City, give	e exact location)
21p. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCC		OCCUR?	Hell III
		WHILE	2	
deceased alive on 191	the deceased from_ Q, and that death of	7.6.14, 190, to 6	./ 1	that I last saw the
231. SIGNATURE	. and that death o	23B. ADDRESS	He dauses and on the	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEN		OCATION (City, town, or	county) (State)
Jana 9/26/193	o craw	tu hem Of	Balo. Co	. ml
DATE RECEIVED BY LOCAL REGISTRAR'S SIGN	Will Sund Mil	1631 are	Juneral Hill	ane
SEPVE 18990	690	62	08	32



24A. BURIAL, CREMA-Burial Redien DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

077-65-4 Secretary Hassach Hart In take in the Cercles Henderson Section to fee to see the Khenn to few telesine 8 2 2 3 3 3 132 55 5.5 1 1 1 1 1 1 2 2 mones front val 1 2 3

	T. 63	o 0 8134			EALTH DEPARTME E OF DEATH	NT Registered 1	8134
	NAME OF DECI			A	E OF DEATH	1	1 6
(7	'ype or Print)	dy	dia	· drot		2. DATE OF DEATH	1.22,1950
Α.	Baltimore City	, Maryland /	Ost	. 3	A. STATE	(Where deceased lived If B. COUNT	institution : residence before admission
H	FULL NAME OF OSPITAL OR ISTITUTION			on, give street address or location)	c. CITY OR TOWN	(If outside corporate limit	ts, write RURAL and give
-5	3	HAMP WAS WAS	KINZ HOSP		Halte	more 1	7-0/ township
c.	igth of stay	in Balţimore		Yrs. Mos. Days	o. STREET ADDRESS	(If fural, give logation)	ME
7		White		MARRIED, ED, DIVORCED (Specify)	8-31-75	9. AGE (in years last birthday)	If Under 1 Year If Under 24 Hours Days Hours Min.
1C worl	A. USUAL OCCU decoduring most of wo	PATION (Give kind of rking life, (ven if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAM	mas .	DNO	H	14. MOTHER'S MAIDE	mc Des	ritt
15 (Ye	. WAS DECEASED E	VER IN U. S. ARMEI	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT	A NOPKINS HOSPITEL	DDRESS
		OR CONDITION		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does no heart failure,	t mean the mode of asthenia, etc. It mean pplication which of	f dying, e.g. ns the disease		hal hem	nshage	4 days
-	AN	TECEDENT CAUS	ES	bl. on	1		
ERTIFICATION	RISE TO THE	R CONDITIONS, II ABOVE CAUSE (A) G CONDITION LA	STATING TH	G DUE TO	relial arle	id selveri	
TIFI		П					
CER	TRIBUTING TO	IFICANT CONDI THE OEATH, BUT SE OR CONDITION	NOT RELATE	D			
	19A. DATE OF C			FINDINGS OF OPER			20. AUTOPSY?
MEDICAL		T WAS UNDER. ONTRIBUTING		CE OF INJURY (e. g., in trm, factory, street, office bldg., e		(If in Baltimore City,	
~	INJURY	nth) (Day) (Year)	W	HILE AT NOT WHILE		URY OCCUR?	
		ertify that I att	ended the	deceased from 9	15 51953, to	9/22,195	that I last saw th
	deceased alive		, 19 Jo. a	and that death occur	red atm., fro	m the causes and on t	he date stated above
_	Th	anuel .	p Wa	lele M.D.	Johns Morki		9-22-80
TIC	NA. BURIAL, CREI	MA- 248. DATE (4c. NAME OF CEMETE		o. LOCATION (City, town,	or county) (State)
	Burial ATE RECEIVED B CAL REGISTRA	Y REGISTRAR	-		25. FUNERAL DIRECT	Baltimore or	ADDRESS
E SE	P 7,43950	1		. (AMM H. MOHAN	3000 E. Ball	timore St.



F-630	OBE CITY HEAD	TH DEPARTMENT	V =0	0405
	RTIFICATE		Registered N	0.000
1. NAME OF DECEASED (Type or Print) James Arthur Ford			2. DATE OF DEATH SEAT	EMBER 23,1450
3. PLACE OF DEATH: a. Baltimore City, Maryland	A	. USUAL RESIDENCE (W)		
s. FULL NAME OF (If not in hospital or institution, gi HOSPITAL OR HOSTITUTION	×	FLORIDA CITY OR TOWN (If o	outside corporate limits	, write RURAL and give
UNION MEMORIAL MISPITAL		ORLANDO		township)
ength of stay in Baltimore	Yrs. Mos. Days	STREET ADDRESS (If r		
5. SEX 6. COLOR OR RACE 7. SINGLE, MA WIDOWED, D	RRIED. 8.	DATE OF BIRTH	9. AGE (In years)	Under I Year is Under 24 Hours this Days Hours Min.
MARRIE 10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) PHYSICIAN + SURGERN MED		BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		MOTHER'S MAIDEN NA	ME	
WILLIAM G. FORD		JOSEPHINE MON	ORE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	.INFORMANT	AD	DRESS
UNKNOWN		MRS. SYBIL FORE) , 124 S. THOI	RNTON ST. ORLAND
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	CAUSE OF (A) Diffus DUE TO Bifate	E Preumo	svia	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)			
	(C) PORTA	L CIERLOSI.	s of LIVE	e
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			0	
	DINGS OF OPERAT	ON		20. AUTOPSY?
	FINJURY (e. g., in or ttory, street, office bldg., etc.)	21c. WHERE DID (If	in Baltimore City, g	
D. TIME (Month) (Day) (Year) (Hour) 21E. I INJURY WHILE m. WORK		21F. HOW DID INJURY	OCCUR7	
22. I hereby certify that I attended the dece deceased alive on SEPTEMBER 1319 50, and				

234 SIGNATURE 23B. ADDRESS

23c. DATE SIGNED memorial &

Adustil Wall
248. DATE | 24c. NAM 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATOR 9-26-50

Greenwood

John O.Mitchell & Sons, Inc.-1900 Eutaw Place REGISTRAR'S SIGNATURE

Tentuston Villian VS 150

burial

DATE RECEIVED BY

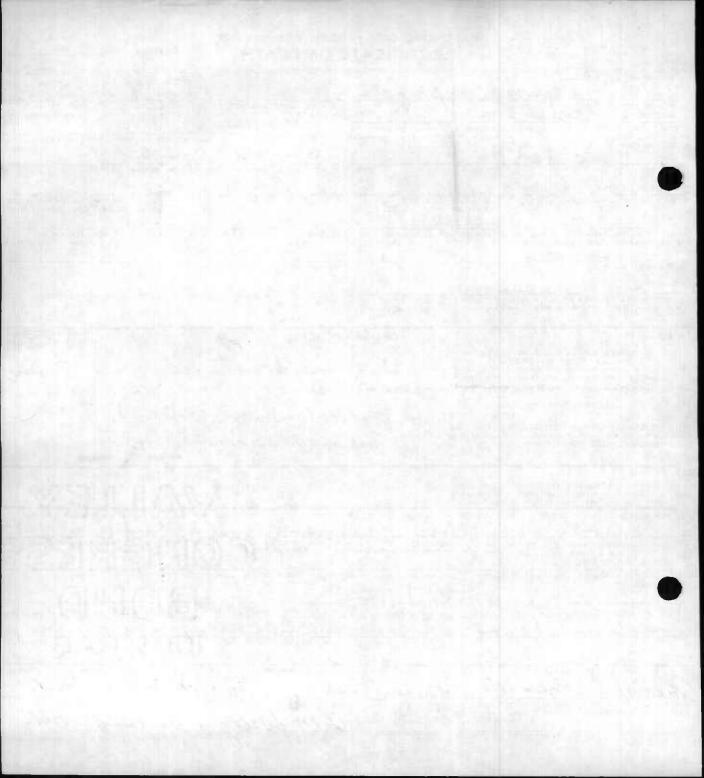
LOCAL REGISTRAR

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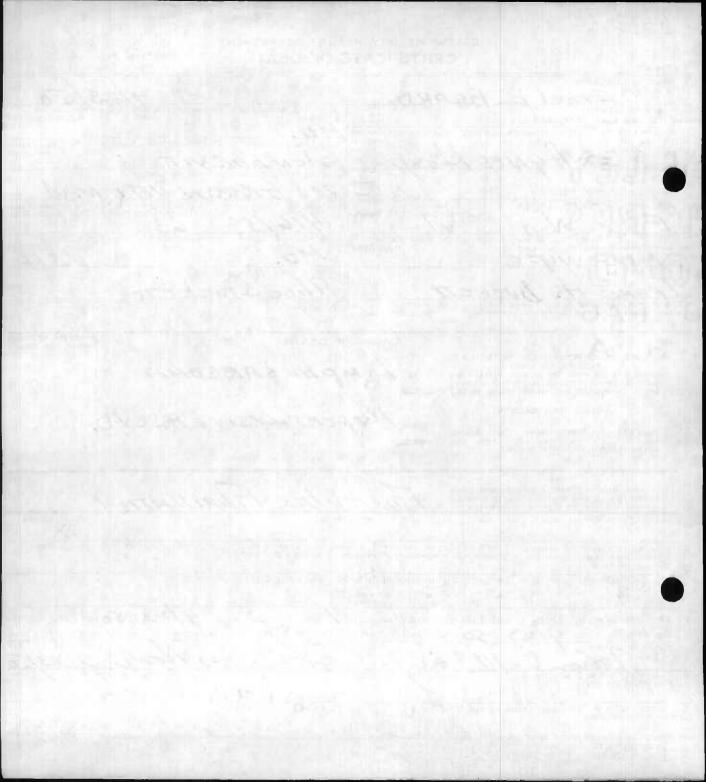
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가게 되는 것 같아요. 그렇게 하면 보고 있는 것 같아. 그렇게 되었다면 하다 가지 않게 되어 하는 것이라. Control of the Contro and the street and agreed as in the section of the

5-163 50 8133 BALTIMORE CITY HEALTH DEPARTMENT 8136 Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Dames DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 11mw. Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (in years) If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY La altoner 0. 3 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) | (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION Archoma - Versorated + Melastalic YES DICA 21B. PLACE OF INJURY (e. s., in or 21C. WHERE DID ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH IO. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 190, to 4- 7-3, 1950, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 9-25, 1950, and that death occurred at 350 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY ORGREMATORY TION REMOVAL (Specify) Lock REGISTRAR'S SIGNATURE DATE RECEIVED BY 25 PUNETAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH A. Baltimore City, Maryland STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Mallo more HOSPITAL OR location) (If outside corporate limits, write RURAL and give CITY OR TOWN INSTITUTION township) (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years AGE (In years of Under Veer of Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIYORCED (Specify) 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY HOUSEWIJEE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 4431 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TORILLATION TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF 20 AUTOPS EDICAL YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT WORK AT WORK 19.50 to. 3, 19 Othat I last saw the 22. I hereby certify that rattended the deceased from. 3, 1956 and that death occurred at 4 An., from the causes and on the date stated above. deceased anve on 234 SIGNATURE 23B. ACORESS 23C. DATE SIGNED 24A. BURAL, CREMA-24c. NAME OF CEMETERY OF CREMATOR 24B. DATE 240. LOCATION TION, REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

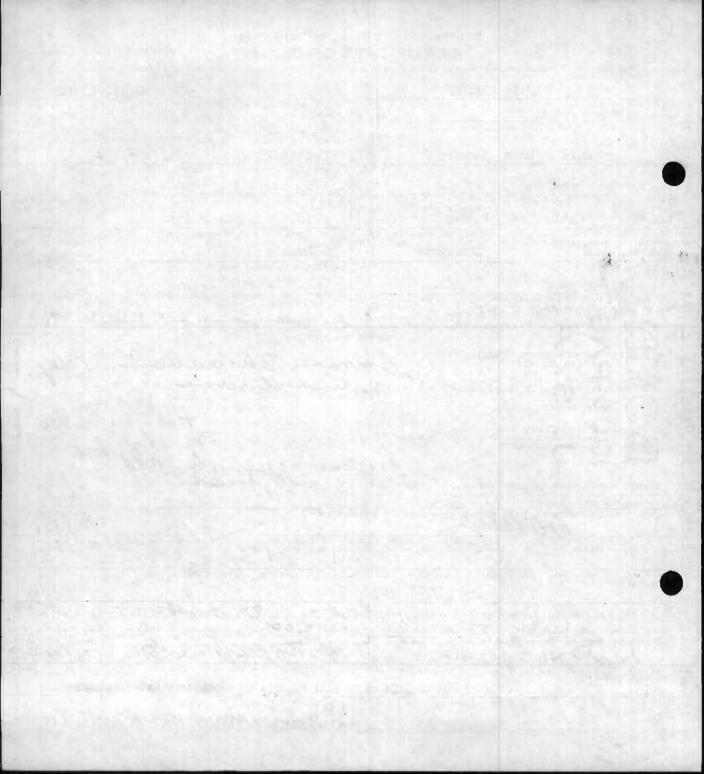


6-630 50 8138

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8138 Registered No.

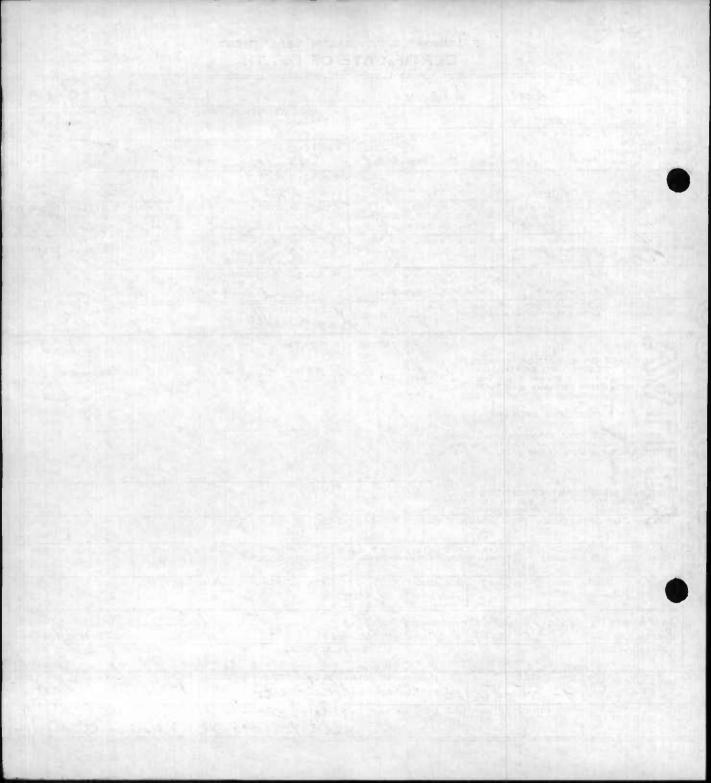
BIRTH NO.	4-1/4						
1. NAME OF D (Type or Print)					2. DATE		
	SOPHI	E ERO	l'I'		DEATH SE	pt. 21/	
a. Baltimore	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, B. COUNTY		: residence ore ad:nission)
B. FULL NAME		al or institut	ion, give street address or	Maryland			
HOSPITAL OR INSTITUTION			location)	C. CITY OR TOWN (I	f outside corporate lin	mits, write RU	
20	2476 Shirl	ey Ave	nue	Baltimore	15-	12	township)
			Yrs.	D. STREET ADDRESS (If	rural, give location)		
c. Length of s	tay in Baltimore	55	years Mos.	2700 Hilldale	Avenue		
5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under Year	If Under 24 Hours Hours: Min.
Female	Whtie	Wide	owed	1879	71	Months, Days	min.
10A. USUAL OC	CUPATION (Givekind of	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZ	
House	of working life, even if retired) Wife	Own	n Home INDUSTRY	Russia		WHA	T COUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME			
He	rshel Sager			Devorah	?		
15. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDDESS	
Yes, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.		2700 U	ADDRESS	ATTOMISO
				Mr. Emanuel Marm	юг 2700 пт.		
18. 420	1		CAUSE	OF DEATH			VAL BETWEEN
DISEA	SE OR CONDITION		1	71.			1
(This does	not mean the mode	of dying, e.	g., (A)	may the	more	- 16	uay.
heart failt	re, asthenia, etc. It mes complication which	ans the diseas caused deat	se,	terosclera	- Lucia		
a Bulgary	ANTECEDENT CALL	250					
z	ANTECEDENT CAUS	525	(B)				
	S OR CONDITIONS.		NG		***************************************		
UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	AST.	HE DOE TO				
			Parell	Lax Veneta	de me	1	
Ë	11		(C) . CACA	1 / / / /	ply - Old		
	SIGNIFICANT COND TO THE DEATH, BUT			never pro-ce			
	ISEASE OR CONDITION			ATION		1.00	ALITOGOVO
JI ISA. DATE C	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION			AUTOPSY?
STA ACCIDE	ENT. SUICIDE.	218 PL	ACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City	YES YES	location)
HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg., e	tc.) INJURY OCCUR?	22 311 20101111010 0103	, give enace	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Σ							
INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?		
	45.	m.	WHILE AT NOT WHILE				47.4
22. I hereb	u certify that Lati	ended the	deceased from	A = 195700	Less 21, 19	5 that I l	last saw the
deceased a	live on her	1 1950	and that death occur	red at 2 ! 0 5%n., from t			
23A. SIGNA		-		3B. ADDRESS	111 1	23g. DA	TE SIGNED
	MIKOW	olun	M. D.	3700/all	1/ Hugasa	· Key	121/688
24A. BURIAL,	CREMA- 248. DATE	110-2-3-1	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tov	wn, or county)	(State)
Burial	Sept. 2	4/50	Shaarei Zion	Congregation Ha	milton Ave	Rosedale	3
DATE RECEIVE	D BY REGISTRAR			25 FUNERAL DIRECTOR		ADDRES	
LOCAL REGIST	RAR	4 10		173	MAN 1124 M	hutt	(a. O ness
RED 741	10 1		1586 A AA, 11	W CHUNDON TO	ros, 1124 W.	Mount (COO JUL
0 L NS 450 1	200	A.				6 75	1 .



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8139 Registered No.___

В	IRTH NO.		CERTII ICAT	L OI DEATH				
1.	NAME OF DECEAS	IS AAC	STEIN.		2. DATE OF DEATH	9/24/50.		
	Baltimore City,	Maryland 🗸		4. USUAL RESIDENCE				
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hospital or institute of the state of the stat	tution, give street address or location)		(If outside corporate li	imits, write RURAL and give township		
C.	Length of stay in	ı Baltimore	5000 · Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location) E. Fay,	111-		
5.	Male.	A . P . WIDS	ELE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH		Months Days Hours Min.		
WOL	DA. USUAL OCCUPA done during most of working	g life, even bretired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
	3. FATHER'S NAME		eceased.	14. MOTHER'S MAIDEN	NAME	Suranes		
(Ye	S. WAS DECEASED EVE a, no or unknown) (If)	R IN U.S. ARMED FORCES: yea, give war or dates of service)	16. SOCIAL SECURITY NO.	Leva Steer	v 0	ADDRESS LUWE		
NOI	(This does not n heart failure, asti injury or compl	I CONDITION DIRECTLE DING TO DEATH mean the mode of dying, henia, etc. It means the distinction which caused december CAUSES	e. g., (A) Occase, ease, ath.) DUE TO	OF DEATH	nay be	INTERVAL BETWEEN ONSET AND DEATH		
IFICAT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
CERT	TRIBUTING TO T	FICANT CONDITIONS OF THE DEATH, BUT NOT REL. OR CONDITION CAUSING	ATED					
AL (19a. DATE OF OPE		OR FINDINGS OF OPER	RATION		20. AUTOPSY?		
MEDIC	21A. ACCIDENT, S HOMICIDE (Spe	ecify) 21B. Febout hom	LACE OF INJURY (e. g., i ne, farm, factory, street, office bldg.,	n or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore Cit.	y, give exact location)		
	D. TIME (Month)	(Day) (Year) (Hour) m.	21E. INJURY OCCURR WHILE AT WORK AT WORK		IRY OCCUR?			
	22. I hereby certify that I attended the deceased from C/21, 1950, to 2/24, 19 Societ I last saw the deceased alive on 124 1960, and that death occurred at 12.84m., from the causes and on the date stated above							
	234. SIGNATURE	DON KS	ALON M.D.		Your House	23c. DATE SIGNED		
TI	24a, BURIAL, CREMA: 24B. DATE 24G. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 10 State)							
	ATE RECEIVED BY OCAL REGISTRAR	REGISTRAR'S SIGNA	TURE 1	ack Lewis	De 2100	Entrais Pl		
F	P 2/4/15850				R I			



50 31-0 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION . township) Yrs. (If rural, give location) THOS. c. Length of stay in Baltimore SISEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 24 Hours AGE (In years if Under | Year | if Under 24 Hours la (Director) | Months: Days | Hours | Min. narried 10A USUAL OCCUPATION/Give kind of work do deduring most of working life oven if retired) 10B. KIND OF BUSINESS OR 11. BIRTHELACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION DICAL YES (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WHILE AT 9. z 4 - 19 Sothat I last saw the 1050to 22. I hereby certify that I attended the deceased from... deceased alive on 9-23-1950, and that death occurred at 6 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23ª DATE SIGNED BURIAN, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE

5. FUNERAL DIRECTOR

SEP 215/1950

DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE

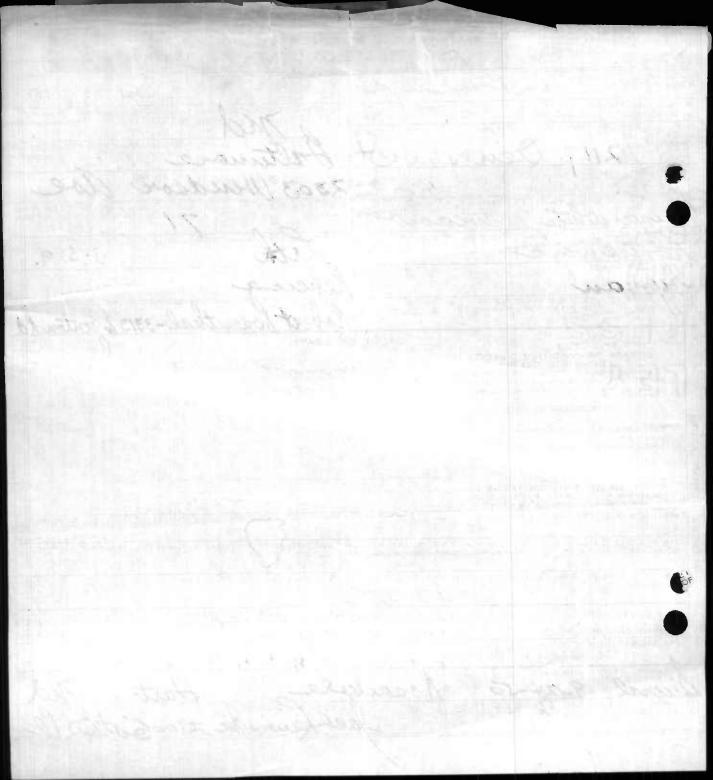
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ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT 50 8.4

В	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No.		
1.	NAME OF DECEASED Lana Rosa	. Siegel		2. DATE OF DEATH SOUT.	23,1950	
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE A. STATE	Where deceased lived. If ins	stitution: residence before admission)	
H	FULL NAME OF (If not in hospital or instituti OSPITAL OR ISTITUTION	on, give street address or location)		If outside corporate limits,		
	60 211 Ven	sow Yrs.	D. STREET ADDRESS (1	ore 15	O 4 township)	
c.	Length of stay in Baltimore	42 Mos-	2303 /bu	If rural, rive location)	loe	
1	vale white "We	. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH		der 1 Year hs Days Hours Min.	
TOW	k dore during most of working life, even a retired)	OF BUSINESS OR INDUSTRY	11. BIRE PLACE State or	foreign country) 12	CITIZEN OF	
13	FATHER'S NAME	h	10 MO HER'S MAIDEN I	NAME		
15 (Ye	VAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17/NORMANT /	ethal -33/3	Sorutan la	
	18. 196x	CAUSE	OF DEATH	90100	NTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY	whith	4 years			
	(This does not mean the mode of dying, e.g heart failure, asthenia, etc. It means the disease	2,	morno figura			
	injury or complication which caused death.	DUE TO	ceras accis.			
Z	ANTECEDENT CAUSES	(B)		•••••		
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.					
CA	SINDERLYING CONDITION LAST.					
TIF	II CONDITIONS	(C)				
CEF	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT					
	19A. DATE OF OPERATION 19B. MAJOR	20. AUTOPSY?				
EDICAL		CE OF INJURY (e.g., in	or 21c. WHERE DID	(If in Baltimore City, give	e exact location)	
MED	HOMICIDE (Specify) about home, for	nrm, factory, street, office hldg., e	INJURY OCCUR?			
2	INJURY	HILE AT WORK AT WORK		RY OCCUR?		
	I hereby certify that I attended the deceased from March 1, 1950, to Lept. 23, 1950, that I last saw the					
	leased alive on test .22, 1950,	eased alive on 1950, and that death occurred at 9.45 A.m., from the causes and on the day				
	23A. SIGNATURE Louis E. Wice	1 M. 61	940 St. Paul	Oct.	23c. DATE SIGNED	
2.4 TI	BURIAL, CREMA- 248, DATE	4c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION City, town, or		
	ATE RECEIVED BY REGIST ARE SIGNATU	RELLA, MUST /	25. FUNER L DIRECTOR		DDRESS PA	
1	0.00		we- peworl	t 2/00/60	sow Is	
-	V51150			C	45d	



G-145 50 8142

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8148 Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Y here deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital of institution, give street address or HOSPITAL OR C. CITY (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore 6. COLOR OR RACE Age (th years | H Under | Year | H Under 24 Hours | Last big the art) | Months | Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF WIDOWED DIVORCED (Syleify wedowed 10A. USUAL CCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF work done do the most of working life even if retired) INDUSTRY WHAT COUNTRY 14. MODHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO strho mellihis UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. 19 that I last saw the deceased alive on 1 197 and that death occurred at Im., from the causes and on the date stated above. 23A/SIGNATURE 238. ADDRESS 23C DATE SIGNED 240. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TIONEREMOVAL (Specify) Lucial oung DATE RECEIVED BY ADDRESS LOCAL REGISTRAR AFRO 1195 7 100 VS 150 9/06E

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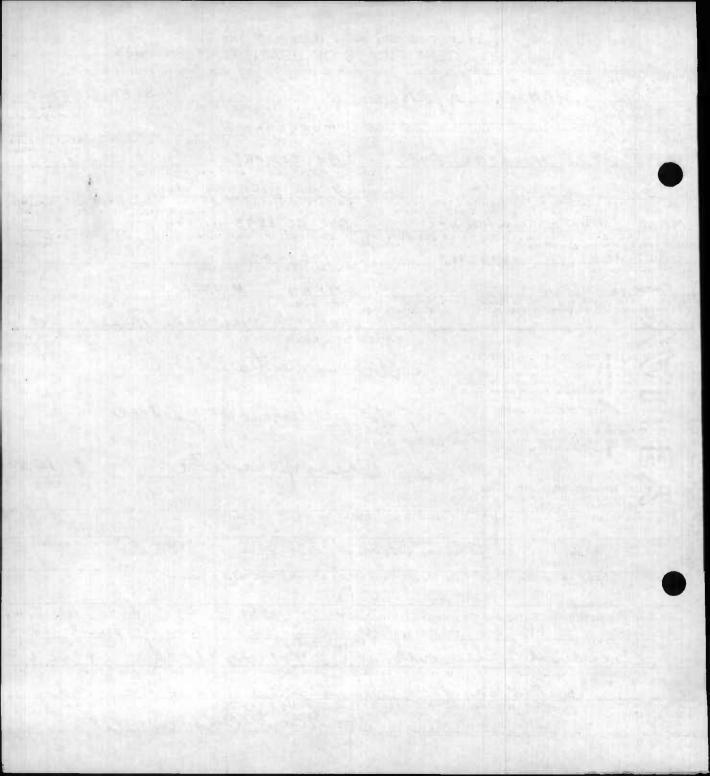
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4 8143 Registered No.

BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH SEPT 21,1950 ANIEL 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH B. COUNTY hefore admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND. HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION BALTIMORE HICKORY D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3822 HICKORY c. Length of stay in Baltimore Days 9. AGE (In years | If Under I Year | If Under 24 Hours | Months Days | Hours | Min. 8. DATE OF BIRTH 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) DEC 30 1873 MALE WHITE WIDOWER 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108. KIND OF BUSINESS OR WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY 24.5. GARDNER. MARYLAHD KETIRED 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MARY E, WISHER THOMAS RYAM

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. ROBERTA HILL-3822 HICKORY AVE INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY steriorleitu CVD LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION EDICAL YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE. about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21F, HOW DID INJURY OCCUR? o. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE ATT NOT WHILE! WORK 19 I Chat I last saw the Yaw 22. I hereby certify that I attended the deceased from_ 19 J and that death odcurred at m., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE TION REMOVAL (Specify) ADDRESS DATE RECEIVED BY LOCAL REGISTRAR

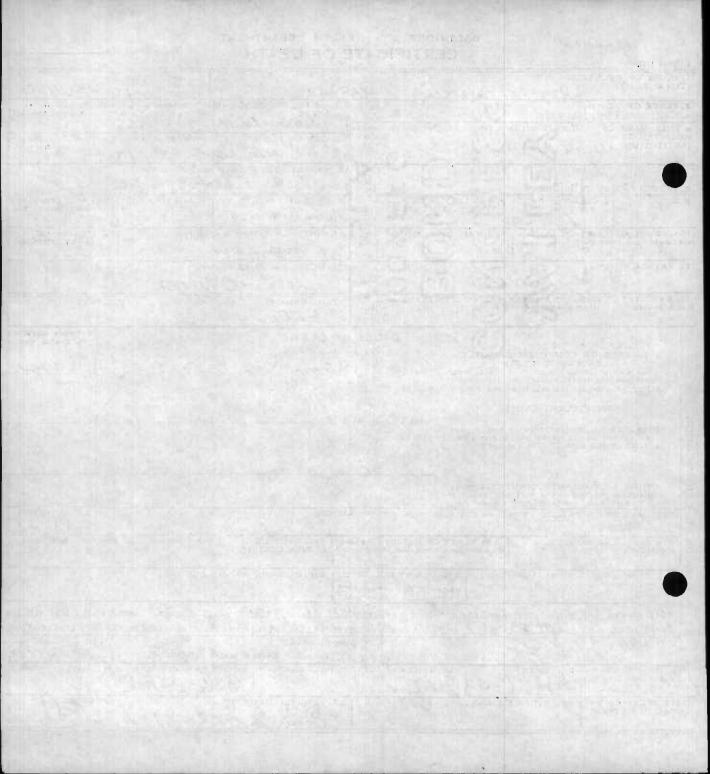


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BALTIMORE CITY HEALTH DEPARTMENT

50 8141

_		5 814	1	CERTIF	ICATE	OF DEAT	H R	egistered No.		
1.	NAME OF DE	CALL MANAGEMENT			Da	RRISH	2. DA	E .	73 192	
A.	FULL NAME	ATH: ity, Maryland		LCOLM	address or	4. USUAL RESIDI	ENCE (Where dec		titution: reside	ence
	OSPITAL OR ISTITUTION	Union Me	morial	Hospi	location)	C. CITY OR TOWN	ivore	orporate limits, v		nd give wnship)
		ay in Baltimore		6	Mos Days	906 906	West 3	70th S+	Bacco	
	Mu	6. COLOR OR RAC	WIDOW	MARRIED, VED, DIVORCE	D (Specify)	Muarch 4, 1	950 last	birthday) Month	dei l Yesi hs: Days Hours	24 Hours Min.
TOF	k done during most of		of 10B. KINE	OF BUSINES	SS OR IDUSTRY	11. BIRTHPLACE (S	State or foreign cou	intry) 12	WHAT COU	NTENT
13	3. FATHER'S	avid Par	rish	671		14. MOTHER'S MA	eta We	lk	V	
15 (Ye	5. WAS DECEASE	D EVER IN U.S. ARM (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURI		17. INFORMANT Father		ADD	RESS	
CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH (A) Menting COCClinia (B) DUE TO							INTERVAL BE ONSET AND		
ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED									
CAL C	19A. DATE OF	9a. Date of operation 19b. Major Findings of Operation						20. AUTOF	PSY?	
MEDIC	HOMICIDE (Specify) about home, ferm, factory, street, office bidg., etc.) INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						n)			
MHILE AT NOT WHILE TO NOT WHILE THE WORK AT WORK										
	deceased al	ve on Sept a	ttended the 3,1955.	deceased fro and that dec	th occur	red at 1120 Am. 3B, ADDRESS	vorial Host	es and on the	date stated 23c. DATE SI	above.
2 TI	ON BEMOVAL (SI	Seff 2	6-20	7117.	CEMETE	RY OR CREMATORY	Belair	M (City, town, or		State)
DL	ATE RECEIVED	RAR REGISTRA	R'S SIGNATU	RE ()		Frank &	Let	81443	DDRESS SH	
	VS 150						0		006	. 0

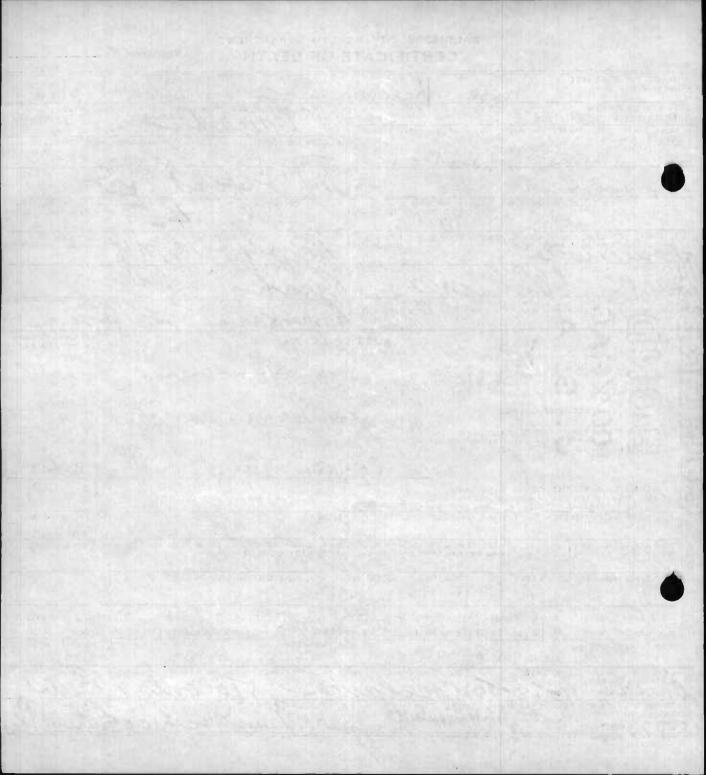


C-500 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

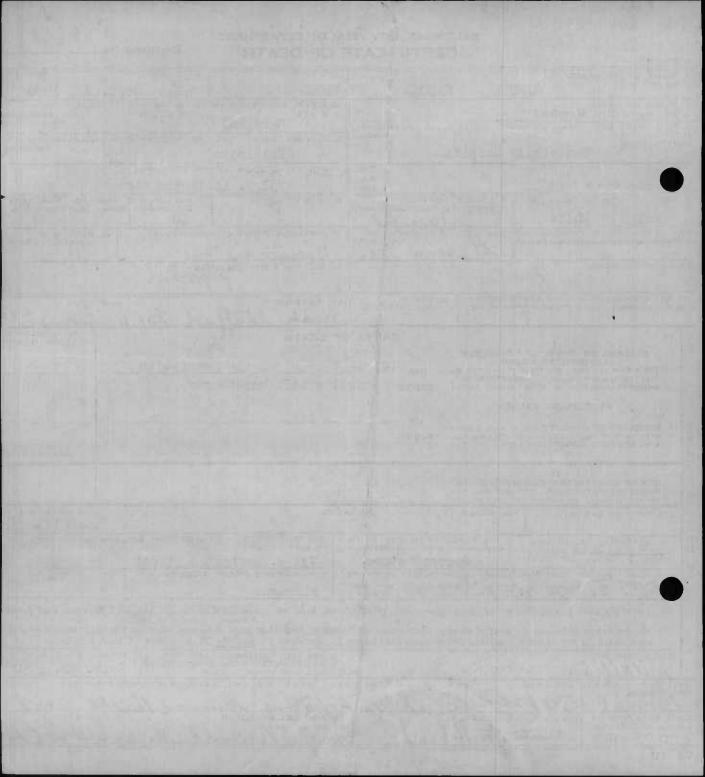
811	RTH NO.	OU WELL					
	NAME OF D		ime	1 Car	W	2. DATE 9 OF DEATH	120,1950
A		City, Maryland	al or institution	on, give street address or location)	4. USUAL RESIDENCE	E (Where deceased lived. B. COUNTY	before admission)
	TITUTION	Jenken	- Mes	noval	Bul	limons.	nits, write ItURAL and give
		tay in Baltimore		Yrs. Mos. Days	1420	(If rural, give location)	
	SEX	6. COLOR OR RACE	W.	MARRIED. ED, DIVORCED (Specify)	San 10, 186	9. AGE (In years last birthday)	Months Days Hours Min.
10/ ork	dooe during most	CUPATION (Give klud of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13,	FATHER'S	Kenny	chul	0	14. MOTHER'S MAIDE	Weinelson .	1
15. Yee,	WAS DECEASE BO OF BOLOOWO)	O EVER IN S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Howard Can		KODRESS
CENTICATION	(This does heart failt injury or DISEASE. RISE TO TUNDERLY OTHER STRIBUTING TO THE D	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which ANTECEDENT CAUSE SOR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION L. SIGNIFICANT COND TO THE DEATH, BUT SISEASE OR CONDITION	TH of dying, e. g: of dying, e. g: ons the disease eaused death. SES F ANY, GIVING STATING THI AST. ITIONS CON NOT RELATEL CAUSING IT	(B) CO	PULMON PULMON PILAITIS UCLA PINE O	DEFORE	Car A
POICAL		ENT. SUICIDE, (Specify)	218. PLA	CE OF INJURY (e. g., i	n or 2Ic. WHERE DID	(If in Baltimore City	YES NO (, give exact location)
	D. TIME INJURY	(Month) (Day) (Year	w	TE. INJURY OCCURR HILE AT WORK AT WORK			
	deeeased a		tended the d _, 19 .50 , a	nd that death occur		m the causes and on	, that I last saw the the date stated above.
	A. BURFAL,	CREMA 24B. DATE	/ 2	ALL M. D. 2	RY OR CREMATORY 24	D. LOCATION (PILY, to)	23c. DATE SIGNED Nn, or county (State)
DA	TE RECEIVE	D BY REGISTRAR	S-VO	Cathe	B. FUNERAL DIRECT	OR Fuller	ADDRESS
	S 1804	1950	70 -	1/4	The state of the s	J	636

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BIRTH		5)	81.26)	CERTII	-ICATE	OF DEA	ТН	Regist	ered No.	
1. NAM (Type of	r Print)	DECEASE		Rose	1Ka	smar			2. DATE OF	91	23/50
		City, Ma		.,,,,,	7		4. USUAL REST	DENCE (Wh	DEATH nere deceased I		titution; residence before admission)
B. FULL HOSPIT	NAME			ital or institu	tion, give stree	et address or location)	44	Mar	nu	V	- 50
INSTIT	UTION	Siv	iai	AP B	altimo		C. CITY OR TOW	.1	1	2010	rite RURAL and give township)
				1	2 =	Yrs. Mos.	D. STREET ADD		iral, giv locat		2
5. SEX	gth of		Baltimore OR OR RACE	7. SINGL	E, MARRIED WED, DIVOR	Days	B. DATE OF BIR	TH	9. AGE (In you last birt) (ay) Month	at 1 Year It Under 24 Hours S Days Hours Min.
10A. NS	UAL O	CCUPATIO	OM (Giyekindo	10B. KIN	D OF BUSIN	ESS OR	11. ETHPLACE	(State or for	eign country)	/ 12	. CITIZEN OF
1/20	TCL.	e Working li	lo, overy revised	1)		INDUSTRY	Hew	yor	16,7	14	WHAT COUNTRY
13 VAT	ek ek	NAME	17/2	inc	40		14 MOTHER'S P	MIDEN NAM	ME	0	
5. WAS	DECEAS	ED EVER I	N U.S. ARME give wer or dat	D FORCES?	16. SOCIA SECUE	L RITY NO.	17 INFORMANT	1		A	RESS
18.	7	1			1	CAUSE	OF DEATH	asme	w -	0	INTERVAL BETWEEN
10.	DISEA		ONDITION		,	CAUSE	OF DEATH	in.			ONSET AND DEATH
h	eart fail	es not mea lure, asthen	n the mode nia, etc. It me tion which	of dying, e.	ase.		enal iusn	Hiciency	***************************************		
			DENT CAU			(1			.)		
O D	ISEASE	ES OR COI	NDITIONS,	IF ANY, GIV	ING		er mina.	mon mon	19.		
CAT			NDITION L		THE DUE TO		1.	1			
ERTIFICATION			11		(C)	Poly	cyster V	icques?			1344
	RIBUTIN	G TO THE	ANT CONE	NOT RELA	TED						
19A.		OF OPERA	ATION		R FINDINGS	OF OPERA	ATION				20. AUTOPSY?
21A. HON	ACCID	ENT. SUI		218. PL	ACE OF INJU	JRY (e. g., in	or 21c. WHERE	DID (If	in Baltimore	City, give	YES NO
MON HOM	MICIDE	(Specif	ý)	about home	, farm, factory, stre	et, office bldg., et	c.) INJURY OCC				
T.P.	TIME INJURY		(Day) (Year	(Hour)	21E. INJURY		D 21F. HOW D	ID INJURY	OCCUR?		MARKET NO.
				m.	WHILE AT WORK	NOT WHILE		3) 0	1-2	50	
		by certify clive on_	that I at		e deceased f			n. from the	23		hat I last saw the date stated above
	. SIGNA	TURE		Volla	m.D.		BB. ADDRESS	1.1			3C. DATE SIGNED
24A/B		CREMA-	AB. DATE	The con		M. D.	TY OR CREMATOR	, , ,	CATION (City	, town, or	county (State)
TION RE	rva	2 1	7-26	5-50	Kose	lau	va,	700	conte	5/	baw.
CFP	REGIST 251	TRAR	EGISTRAR	S BIGNA	Mante, A	(B)	ack les	WESTOR MA	- 71	006	utow R
	5 150	J-0-0	1 1 1 1 1			11				13	3/
						0				13	51



BIRTH NO. BALTIMORE CITY HE CERTIFICATE		50 Registered No.	8147
1. NAME OF DECEASED (Type or Print)		2. DATE OF C 4	
SAMUEL HAROLD ST.	AFFORD 4. USUAL RESIDENCE (W	DEATH DEPT.	
A. Baltimore City, Maryland B. FULL NAME OF (f not in hospital or institution, give street address or	A. STATE Maryland	B. COUNTY	hefore admission)
HOSPITAL OR location)		outside corporate limits, w	rite (Ull at and give township)
University Hospital	Baltimore D. STREET ADDRESS (If r	ural give location	
c. ligth of stay in Baltimore Days	,	ington Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years f Under last birthday) Months	r 1 Year N Under 24 Hours
Male White Massed		40	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Jentucky		US
?	14: MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yea, no or, unknown) (If yea, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDF	RESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Ruth Stall	wd 731 W	Les unators.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Z O O RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	ot wound of the hosive left hemothor		ONSET MID DEATH
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
			YES NO X
21a. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. UTING I CAUSE OF DEATH. 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et al. of the contribution of t	731 W. Lexingt		exact location)
22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes 23A. SIGNATURE	bove, held an Inspectation Autopsy, In nquiry, find that said dec	XAMINER 23C. EXAMINER	lay stated above
	TO MOUNT SHEET TO SEPTEMBER HOSEN		ounty) (State) A MU DERESS Wash By



655	HEALTH DEPARTMENT 50 8148						
	TE OF DEATH Registered No.						
1. NAME OF DECEASED SAMUEL SHERMAN	V 2. DATE OF SEPT 24, 1950						
A. Baltimore City, Maryland OSL 6	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address location institution) 13 APPLIES HOSPITAL	n) c. CITY OR TOWN (If outside corporate limits, write RURAL and give						
c. Igth of stay in Baltimore Yrs Moo Day	D. STREET ADDRESS (If rural, give location)						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci	B. DATE OF BIRTH 19. AGE (In years) if Under 1 Year 1 If Hader 24 Hours						
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rork done during most of working life, even if retired)	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME	VIRGINIA 14. MOTHER'S MAIDEN NAME						
JOSEPH SHERMAN	Ida MEDOFF						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	eminated Lupus Enythematorus						
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	ERATION 20. AUTOPSY7						
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g	YES NO						
LYING OR CONTRIBUTING chout home, farm, factory, etreet, office bld, CAUSE OF DEATH	INJURY OCCUR?						
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	E						
22. I hereby certify that I attended the deceased from 8-1 1950, to 9-24, 1950, that I last saw the deceased alive on 9-24, 1950, and that death occurred at 8 mm, from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED							
24A. BIRIAL CREMA- TION REMOVAD (Specify)							
DATE RECEIVED BY REGISTRAR'S SIGNARYRE SEP 25 1950	STEVENSON 1126- Work Ly						

VS 150

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COMPAND LABORATOR COURT . 40 , 100 1. 1. 1.

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0	8149	
BIRT	H NO	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8149

В	IRTH NO.		2						
(7	NAME OF DECEASED Type or Print mira		Thelke J	Kus	id		OF DEATH	laf-22	.50
	. PLACE OF DEATH: . Baltimore City, Maryland		Blilled Place	e) 4	TATE SALA	CE (Where	B. ZOUNTY	If institution	: residence ope admission)
H	FULL NAME OF (If not in) OSPITAL OR NSTITUTION	, -1	on, give street address location	1	CITY OR TOWN	(lf outsic	e corporate li	mits, write RI	AALandhive
6	NSTITUTION	at ho				all	imos	ens	/ way hip)
C.	. Length of stay in Baltimo	are	Lile Mo	s.	STREET ADDRESS	Photol.	Place.	Li	
5	6. COLOR OR R	ACE 7. SINGLE	MARRIED,	18.	DATE OL BIRTH	9. 8	GE (in years ast birthday)	ff Under 1 Year Months: Days	H Under 24 Hours Hours: Min.
4	MOLU OCCUPATION (Give	Ma	OF BUSINESS OR	KA	DHILL STATE	te or foreign,	70 200		
101	k deneduring most of working life, eyen if r	retired)	INDUST		Ballo	-54		WHA	EN OF
11	B. FATHER'S NAME	600	1	14	MOTHER'S MAID	EN MAME	(1	
1	LUCAT LAMES	ARMED FORCES	16. SOCIAL	14	artha M	oods	Variet	- 0	
(Ye	5. WAY DECEMBED EVER IN U. S. ce, no or unknown) (If yea, give war	or dates of service)	SECURITY NO	M	August &	Kny /	Lustin	None Sa	0/2
	18. 33/		CAUS	E OF	DEATH	16	,	INTER	VAL BETWEEN
	DISEASE OR CONDIT	DEATH	Pa.	rel	no Older	en lan			
	(This does not mean the n heart failure, asthenia, etc. injury or complication wh	It means the diseas	e, .) OUE TO	·	land Later of the sold of South			2 11	h
	ANTECEDENT	CAUSES	0	to	industry	Pine	w-Una	1	
0	DISEASES OR CONDITIO		(B)	Lal	an	ww	11) 50 20		
CA	UNDERLYING CONDITIO								
HH	11		(C)						
CER	OTHER SIGNIFICANT C TRIBUTING TO THE DEATH, TO THE DISEASE OR CONE	, BUT NOT RELATE	D						
Ť	19A. DATE OF OPERATION		FINDINGS OF OF	ERAT	ON			-0.350	AUTOPSY?
DICAL	21A. ACCIDENT, SUICIDE,	21B. PLA	CE OF INJURY (c.	g., in or	21c. WHERE DID	(If in l	Baltimore Cit	y, give exact	location)
MEL	HOMICIDE (Specify)		arm, factory, street, office bl		INJURY OCCUR?		260		-A_
	D. TIME (Month) (Day) (INJURY		21E. INJURY OCCU	ILE	21F, HOW DID II	NJURY OCC	OUR7	Carlo.	
	22. I hereby certify that	I attended the	deceased from	27.0	- Inter 1948	to Side	mbn22-19	50 that I	last san the
	deceased alive on asses	w1281950	and that death oc	curre	l at 1.004. m., f	rom the ca	uses and or	the date s	tated above.
	Melaland E	Ewerd &	ay M. D.	23B.	ADDRESS	t Bul	418	23c. 0	ATE SIGNED
2	AA BURIAL, CREMA- 24E. DA	ATE / /	AC. NAME OF CEME	TERY	OR CREMATORY 2	24D. LOCA	ION (City, to	wn, or county	(State)
2	Sund Jah	PRANS SIGNATU	Druce	CL 25	MAL DIRECT	OTOR .	reev	ADDRES	s ,
	OCAL REGISTRAR	10 15V-1711	laure, Ma	C	Hulan	Inno	mento	. 13	ofth.
	Stys 75 5 1950	6				1		8	2 0-
								0 =	

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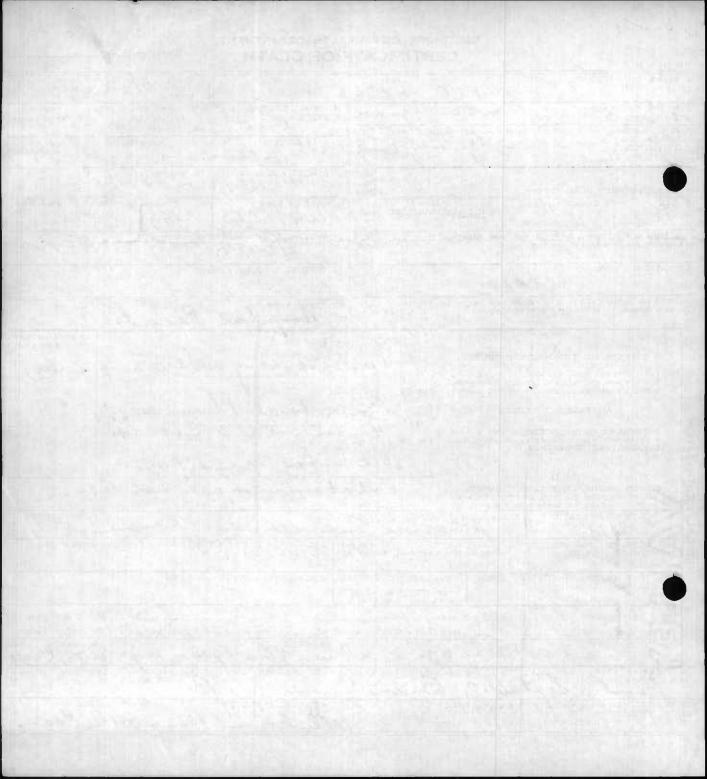
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8150

1220

D	IRTH NO.							
1. (T	NAME OF Clype or Print)		auf 1	K, Len	a	2. DATE 9/2 OF DEATH	3-50	
Α.		City, Maryland	rank.	le fquore	4. USUAL RESIDENCE (B. COUNTY	before admission)	
H	FULL NAME OSPITAL OR ISTITUTION	Franke	ital or institut	ion, give street address or location)	c, CITY OR TOWN (I	f outside corporate limit	write RURAL and give	
3	6	tol	Y		Bulli-	more	Les township)	
C.	Length of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (III	rural, give location)	que	
	Fem.	6. COLOR OFFRACE	WIDOW	E. MARRIED. (ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Me	It Under 1 Year It Under 24 Hours onths Days Hours Min.	
1 C worl	A. USUAL OC	CUPATION (Give kind of working life, even if retired	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S		0		14. MOTHER'S MAIDEN N	IAME		
		mils					Carrier State	
(Ye	e, no or uokoown)	ED EVER IN U. S. ARME (If yes, give war or dat	ED FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Records	DDRESS	
	18. 56	0 X		CAUSE	OF DEATH		INTERVAL BETWEEN	
H	DISEA	SE OR CONDITION	ATH	9	lough sente	00/0,000	2 /-	
	neart Iaili	s not mean the mode are, asthenia, etc. It me	of dying, e. g	e.	7	or on a	2 clocy	
	injury or	complication which	caused death	.) DUE TO		1		
z	ANTECEDENT CAUSES Catebral Throm basis							
9	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO HEP TENS TO C. V. CITCARE							
CA	UNDERLYING CONDITION LAST.							
Ē		11		_(C)	betes mel	litus.	A	
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
IL C	19A. DATE C		198. MAJOR		ATION	· Lun	20. AUTOPSY?	
DICA	21A. ACCIDE	ENT, SUICIDE.	218. PLA	CE OF INJURY (e.g., in	or 21c. WHERE DID	If in Baltimore City,	give exact location)	
	HOMICIDE	(Specify)	about home, f	arm, factory, street, office bldg., e	(c.) INJURY OCCUR?			
2	ID. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
			m.	WORK NOT WHILE				
	22. I hereb	y certify that I at	tended the	deceased from	, 19, to	, 19	_, that I last saw the	
	deceased a		, 19,	and that death occur	red atm., from t	the causes and on t	he date stated above	
	25A. 51GNA	5 Lesi	lie lu		From Klin S	mare Horn.	Balt. P/23/5	
TIC	AA. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE Specify)	26/50	Ballo (RY OR CREMATORY 240/1	Ball town	, or county) (State)	
	ATE RECEIVE		- 11/4/ ·	RE ULLA MAR	25. FUNERAL DIRECTOR	0 Han 2100	ADDRESS VOILEAM	
-	VS 150	3)(1)			Marie Colonia	110712.0.001	3	

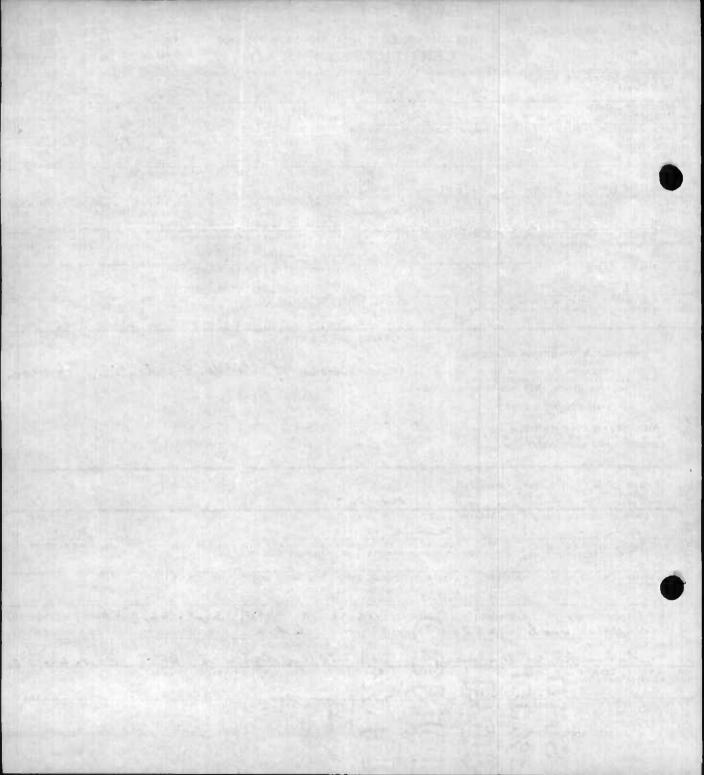


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13	21	5.5
BIRTH	NO	1.74

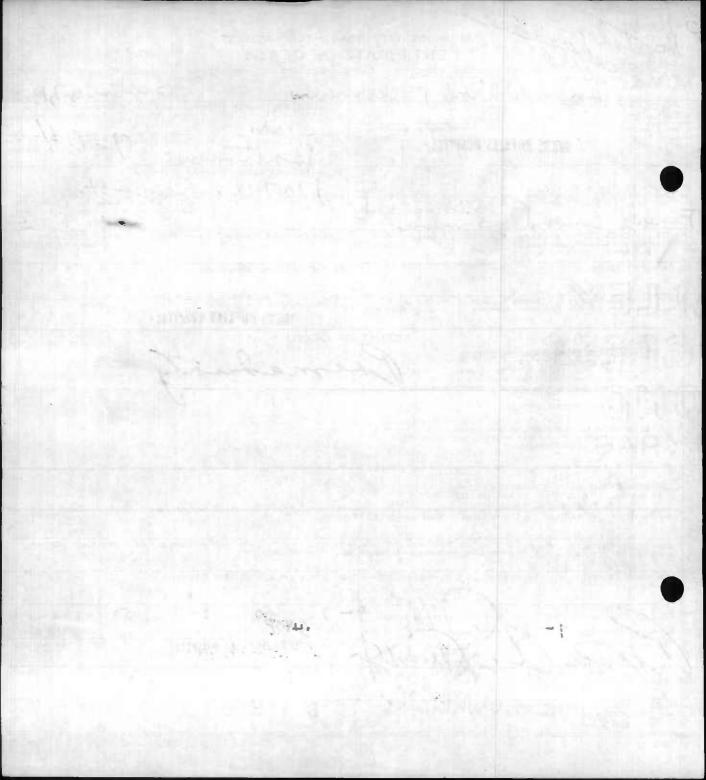
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	815
Registered	No.	4724 ()

BIRTH NO.	E OI DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) Lula Goebel (A.K.A. Juli	a) OF DEATHSept. 22, 1950
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution : residence
A. Baltimore City, Maryland 2702 Pelham Ave. B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission) Maryland
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write DURAL and give
INSTITUTION	Bal imore (Notable tolpotate lands, white both Land give township)
V	
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Hength of stay in Baltimore Lifetime Days	2702 Pelham Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours last birthday) Months; Days Hours Min.
Female White Widowed	Feb. 10, 1874 76
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
At_home	Boltimone Md WHAT COUNTRY?
13. FATHER'S NAME	Baltimore, Md.
Manhaal Wannah	
Michael Warmuth	Louise Rohleder
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	rs. Louise Sweitzer 2702 Pelham Ave.
in a set of a	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	roma of bladder + intestines 6 mas.
	our general and a second
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
	ATION 20. AUTOPSY?
none. none.	ATION 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., i	YES NO Proof 21c. WHERE DID (If in Baltimore City, give exact location)
none. none.	YES NO Proof 21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	n or 21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., cause of Death	n or 21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE AT WORK AT WORK	NO Proof 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) INJURY 21B. PLACE OF INJURY (e. g., i) about bome, farm, factory, street, office bldg., while arm and the least of the latter of the	PYES NO PYES N
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) INJURY 21a. PLACE OF INJURY (e. g., i about bome, farm, factory, street, office bldg., while and the least of the latter of the latt	PYES NO PYES N
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on Saph. 22, 19 50 and that death occur 23a. SIGNATURE	Pred at 6 A.m., from the causes and on the date stated above. YES
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on Sapt. 22, 19 50 and that death occur 23A. SIGNATURE 21B. PLACE OF INJURY (e. g., i) about bome, farm, factory, street, office bldg., WHILE AT NOT WHILE AT WORK 22A. I hereby certify that I attended the deceased from deceased alive on Sapt. 22, 19 50 and that death occur 23A. SIGNATURE	PYES NO LONG NOT 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? 10 , 1950 to Sept. 22, 195 Ahat I last saw the red at 64 m., from the causes and on the date stated above.
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on Sapt. 22, 19 50 and that death occur 23A. SIGNATURE 21B. PLACE OF INJURY (e. g., i) about bome, farm, factory, street, office bldg., WHILE AT NOT WHILE AT WORK 22A. I hereby certify that I attended the deceased from deceased alive on Sapt. 22, 19 50 and that death occur 23A. SIGNATURE	Pred at 6 A.m., from the causes and on the date stated above. YES
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., cause of Death D. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from deceased alive on Sapel. 22, 19 50 and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 100, REMOVAL (Specify)	PYES NO PART OF CHARTER DID (If in Baltimore City, give exact location) ED 21F. HOW DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? 10 , 1950 to Sept. 22, 195 Ahat I last saw the red at 64 m., from the causes and on the date stated above. 13B. ADDRESS 23C. DATE SIGNED RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) INJURY 21B. PLACE OF INJURY (e.g., i about bome, farm, factory, street, office bldg., while and the contribution of the contribution of the contribution of the contribution, removal (Specify) Burial 21B. PLACE OF INJURY (e.g., i about bome, farm, factory, street, office bldg., while about bome, farm, factory, attention, factory, attention bout bome, farm, factory, attention bout bome	PYES NO WEST N
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) INJURY 22. I hereby certify that I attended the deceased from deceased alive on Sach 22,19 20 and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) Burial Sept. 25, 1950 Oak Lawn DATE RECEIVED BY REGISTRAR'S SIGNATURE	PYES NO PART OF CHARTER DID (If in Baltimore City, give exact location) ED 21F. HOW DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? 10 , 1950 to Sept. 22, 195 Ahat I last saw the red at 64 m., from the causes and on the date stated above. 13B. ADDRESS 23C. DATE SIGNED RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)



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1815 Tal Disposa	BALTIMORE CITY HE	ALTH DEPARTMENT		0 8152
BIRTH NO.50-24132	CERTIFICATE	E OF DEATH	Registered N	0
V. NAME OF DECEASED (Type or Print)	Dinl Freen	W/s sad	2. DATE S	m 242.1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		nstitution: residence before admission)
B. FULL NAME OF (If not in hospital or	institution, give street address or	ma,	B. COUNTY	before admission)
HOSPITAL OR INSTITUTION TOTALS ROPLIE	IS HOSPITAL location)	C. CITY OR TOWN (If	outside corporate limit	, write kUkAT and give township)
33			une /	pownship)
and of store in Deltinous	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	CL
c. Ingth of stay in Baltimore 5. SEX [6. COLOR OR RACE] 7.	SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE UN Years II	Under 1 Year If Under 24 Hours
Female Chlered	WIDOWED, DIVORCED (Specify)	9-7-50	last birthday) Mor	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	KRL	Lagrana	, Calbe.	and the same of th
15. WAS DECEASED EVER IN U. S. ARMED FO (Yee, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	11 0 D D 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DRESS
		DF DEATH	S HOSPITAL	INTERVAL BETWEEN
LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	he discase, did death.) DUE TO	emaly	isty	
OTHER SIGNIFICANT CONDITIO TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	RELATED			
	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER.	11- DI 165 05 IN 1815 /	Lote Willer Die (1	f in Baltimore City, g	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About	21B. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bldg., e		i in Baitimore City, g	ive exact location)
D. TIME (Month) (Day) (Year) (Ho	DUR) 21E. INJURY OCCURRED M. WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
22. I kereby certify that I attend		-7 ,150, to	9-7 ,1950	, that I last saw the
deceased alive on 9 - 1	350 and that death occur	red at 5 45 m., from th	ie causes and on th	e date stated above.
23/ SIGNATURE	, Flerrand	38. ADDRIONAS MOPKINS	IUSPITAL	23c. DATE SIGNED
14A. BORIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMERE	RY OR CREMATORY 24D. LO	OCATION (City, town,	or county) (State)
DATE RECEIVED BY REGISTRATES S	1500 HARCALLE M	25. FUNERAL DIRECTOR		ADDRESS
VS 150				159.0



Med. Exam. Case 156 8153 To be approved BIRTH NO.

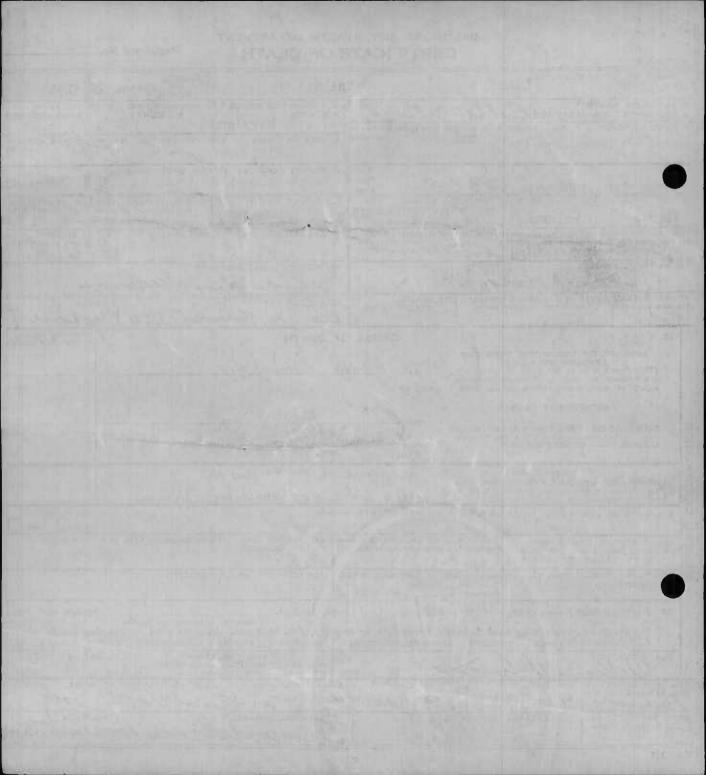
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8153

1. NAME OF DECEASED 2. DATE (Type or Print) OF MAHION DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY (If not in hospital of institution, give street address or B. FULL NAME OF HOSPITAL OR location' C. CITY OR TOWN, (If outside corporate Imits, write RURAL and give PUBLIS ROPKINS HOSPITEL INSTITUTION township) TIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years If Under 24 Hours WIDOWED, DIVORGED (Specify) last birthday) Months: Days Hours: Min. Acc. 18-1903 46
11. BIRTHPLACE (State or foreign country) married nearo OA. USUAL OCCUPATION (Give kind of ork doos during most of working the even if retired) 108. KIND OF BUSINESS OR CITIZEN OF INDUSTRY WHAT COUNTRY Lousevila nec 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Trant 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes. no or anknowed (If yes, give war or dates of service) 16. SOCIAL **ADDRESS** (Yes, no or inkoowo) SECURITY NO KINS HOSPITHE INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY SUBAR ACHNOID HEMORRHAGE (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES ESSENTIAL HYPERTENSION ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) CERTIFICATION APPROVED BY 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED for: TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 21B. PLACE OF INJURY (e.g., ie or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE , 1950to 9-20-, 1950that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 9-20 - 1950, and that death occurred at Am., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 20-50 24A. BURIAL CREMA-TION REMOVAL Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

THE PART OF THE PA 4 13 4 1 SUBAR ACH NOID HEMORRHAGE SHIC でいたことでは、コンドのではいいこと proper stolers ill

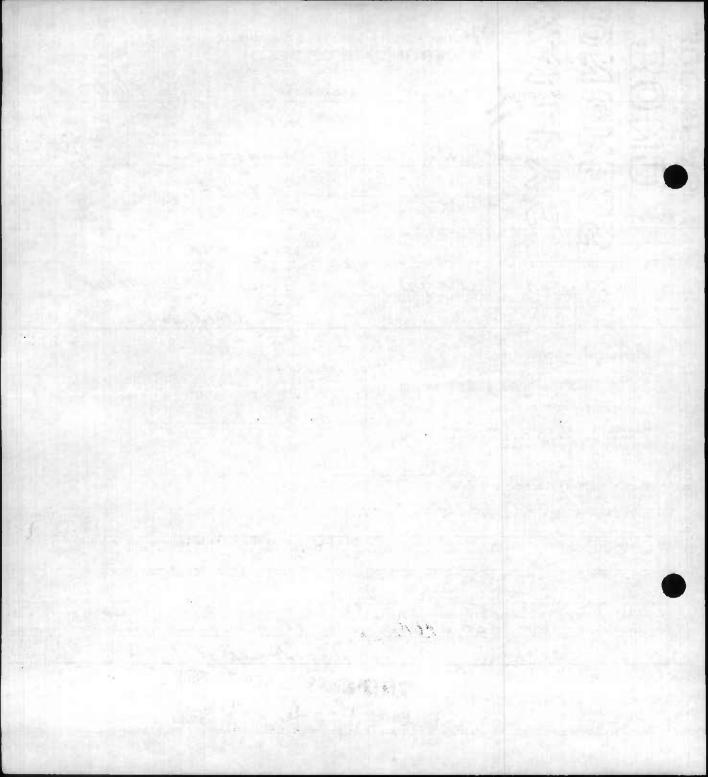
n K	23 / Trans.		TO DIE
-	01.3%	E OF DEATH	50 8154 Registered No.
1	NAME OF DECEASED	12	. DATE
	ype or Print) Leon PLACE OF DEATH:	Knight	OF Sept. 22, 1950
A	Baltimore City, Maryland Sector Cety FULL NAME OF I'll not in hospital or institution, give spect address of	A. STATE	e deceased lived. If institution: residence B. COUNTY before admission
ш н	DISPITAL OR location STITUTION Mercy Hospital		side corporate limit, write UKA and giv township
THE REAL PROPERTY.	Hength of stay in Baltimore 23 W. Mos. Days	Slept in back of	d, give location) truck at 260 N. Exter S
10	Male Colored 7. SINGLE MARRIED. Colored WIDOWED, DIVORCED (Specify MALE COLORED TO BUSINESS OR	" Dec. 10-1889	AGR (In years fl Under Year fl Under 24 Hours lay birthday) Months Days Hours Min.
	A. USUAL OCCUPATION (Givekind of took kind of done during met to working life, even if retired) FATHER'S NAME	12 MOTHER'S MAIDEN MAME	WHAT COUNTRY
	Otlar Trught	Julia thos	nperon,
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Keligh Kungh	1 12 0 & young of
		OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	to Applialism	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	her fi drawn a said of a si drhad Li defrabel de ba back il i si a de	***************************************
	ANTECEDENT CAUSES		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
RTIFICATION	UNDERLYING CONDITION LAST. (C)		
IFIC	Aneurgs,	n of Horta due to	
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	fic Pardiovascular	Discuse
Ü	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
AL	21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (6. g.,	in or 21c. WHERE DID (If in	Baltimore City, give exact location)
EDIC	UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg. UTING CAUSE OF DEATH.		
Σ	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY Th. WHILE AT NOT WHILE AT WORK		CCUR?
	22. I certify that I took charge of the remains described		ection or Inquiry thereon and from
	the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Inquiry, find that said decca \boxtimes , accident \square , suicide \square ,	sed died on the day stated above homicide \square , undetermined \square .
	William V down XX	23B. CHIEF MEDICAL EXAMINED ASSISTANT MEDICAL EXAMINED AND MEDICAL INVESTIGATOR.	MINER D Sept. 23. 1950
TIC	Sure 9/25/50 mt Calv	ERY OR CREMATORY 24b. LOCA	stelgn med
\$	CALREGISTRAR REGISTRAR'S SIGNATURE ()	Eliogowill	ADDRESS Beauty
V	9700	24	30E



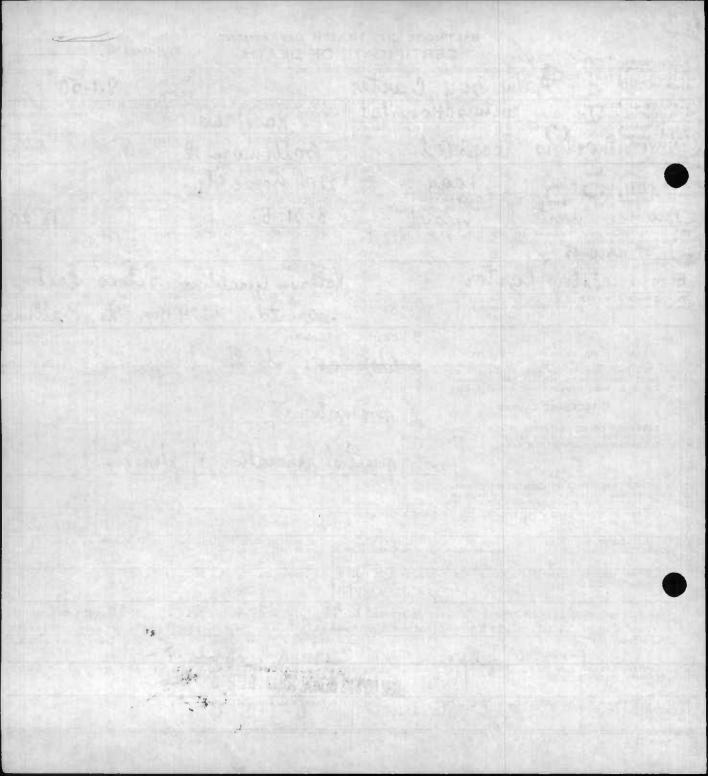
4	.5250	8155	BAI			LTH DEPARTME	V	50	8155
В	IRTH NO. 50	1-16740	Sel Pe	CERTIFIC	CATE	OF DEATH	Regi	stered No	
1.	NAME OF D Type or Print)		lyn	Louise	u	illiams	2. DATE OF DEATH	8/11	50
	PLACE OF D Baltimore (1			4. USUAL RESIDENCE	E (Where deceased B. COI		stitution : residence before admission)
	FULL NAME OSPITAL OR	OF (If not in hos	pital or institut	tion, give street add		c. CITY OPTOWN	ann	e an	write RURAL and give
	STITUTION	Provid	FOT	Haspital		Pasade		rate iinits,	township
7		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1/28/01 -	Yrs.	o. STREET ADDRESS	(If rural, give loc	ation)	
C.	Length of s	tay in Baltimore		7	Mos.	Boy	28	56	200
5.	Jemalt	6. COLOR OR RAC		E) MARRIED. VED, DIVORCED (8/5/50	9. AGE (In last birth		der I Year H Under 24 Hours hs Days Hours Min.
10 wor	DA. USUAL OC k done during most o	CUPATION (Give kind of working life, even if retire	lof 10B. KINE	O OF BUSINESS INDU	OR	Bairo.	or foreign country	1.	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S	AME				14. MOTHER'S MAIDE			
		miston	u	11901		Emma	w	Man	as a
(Ye	5. WAS DECEASE 19, no or unknown)	D EVER IN U.S. ARM (If yes, give war or d	MED FORCES? ates of service)	16. SOCIAL SECURITY	NO.	17. INFORMANT ADDRESS ADDRESS			PRESS
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							ONSET AND GEATH	
H	Autoria	11		(c)'					
CER	TRIBUTING TO THE GEATH, BUT NOT RELATED								
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EDIC	21A. ACCIDE HOMICIDE	ENT, SUICIDE. (Specify)		ACE OF INJURY farm, factory, street, office			(If in Baltimo	re City, giv	e exact location)
Σ	D. TIME (Month) (Day) (Yenr) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK								
	22. I hereb	y certify that I, c		deceased from.		, , , ,	8/11	_, 19.57	that I last saw the
	deceased al		, 19-50	and that death			m the causes a		date stated above.
	23A. SIGNA		100	1	,	100 Dries	, thee o	lue	23c. DATE SIGNED
	4A. BURIAL, CON, REMOVAL (S		. 0	24c. NAME OF CE			7 1950 N (C	ity, town, or	county) (State)
D	ATE RECEIVE	D BY REGISTRA	R'S SIGNATU	URE	10070 101	5. FUNERAL DIRECT	OR A	A	ADDRESS

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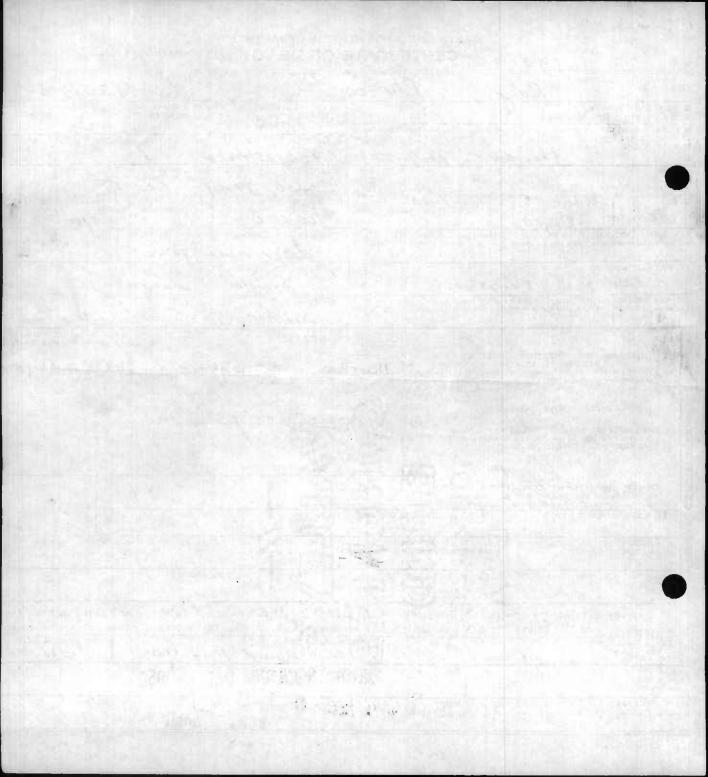
BIRTH NO. 50 - 20674 CERTIFICA	HEALTH DEPARTMENT TE OF DEATH Registered No. 8156					
(Type or Print) Baby Boy Carte	r 2. DATE 9.1.50					
A. Baltimore City, Maryland Rottons Hospital	A. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give stated address HOSPITAL OR HOSPIT						
c. Length of stay in Baltimore day Mon	1204 Boone Str.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Special Control of the control of	8. DATE OF BIRTH 9. AGE (In years fl Under 1 Year Months Days Hours Min. 13 10					
10A. USUAL OCCUPATION (Give kind of work dooe during most of working to, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Elmer Wiley Carter	Kathryn Geraldine Peters Corter					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or uokoowo) (If yes, give war or dates of service) SECURITY NO	parents 2204 Borne tr. Ballius					
This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED OTHER DISEASE OR CONDITION CAUSING IT.	ectans of the lungs. maturity tial separation of placents					
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21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bld	c, in or 21c. WHERE DID (If in Baltimore City, give exact location) g,etc.) INJURY OCCUR?					
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from 8.3., 1950, to 9.1, 1950 that I last saw the deceased alive on 9.1., 1950, and that death occurred at 915, 2 m., from the causes and on the date stated above. 23A. SIGNATURE LOW 0 1 1 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED						
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEME	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS					
Vs 150	1140 -					



453₅₀ 8157

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

I. DATE OF DECASED 2. PLACE OF DEATH 3. PLACE OF DEATH 3. PLACE OF DEATH 3. PLACE OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE Where deceased lived UT be the original or metitotion, give street address or more production. 3. FULL NAME OF (If not in hospital or institution, give street address or more production). 3. FULL NAME OF (If not in hospital or institution, give street address or more production). 3. FULL NAME OF (If not in hospital or institution, give street address or production). 4. USUAL RESIDENCE (Where deceased lived (If not indeed corporal lings) of the translation of the production of the p	В	IRTH NO. 5	0-1	6730		CERTIFICAT	E OF DEA	111			
B. FULL NAME OF (If not inhopital or institution, give street address or location) B. FULL NAME OF (If not inhopital or institution, give street address or location) B. FULL NAME OF (If not inhopital or institution, give street address or location) B. FULL NAME OF (If not inhopital or institution, give street address or location) B. FULL NAME OF (If not inhopital or institution, give street address or location) B. FULL NAME OF (If not inhopital or institution) B. FULL NAME OF (If not inhopital or institution) B. FULL NAME OF (If not inhopital or institution) B. FULL NAME OF (If not inhopital or institution) B. FULL NAME OF (If not inhopital or institution) B. FULL NAME OF (If not inhopital or institution) B. FULL NAME OF (If not inhopital or inhopital	-1.	NAME OF D	ECEAS	ED	by	Clinio	0 11		OF (8/201	5-0
POSITIATION PROJUGENT FOR JOSEPH CONTROL PROJUGENT FOR THE MANAGEMENT OF THE MANAGEM			City. M		/		A. STATE	DENCE (Where	deceased live	d. If institution	n : residence fore admission)
Compth of stay in Ballimore S. SEX O (193) O	H	OSPITAL OR	OF (If not in hospit	al or institu	tion, give street address of location		VN (If outside	le corpora	inite, vrije i	
C. Sength of stay in Baltimore O. Disc. 1. SEX. O. COLOR or REACT 7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify) 10. USUAL OCCUPATION (Granible) WIDOWED. DIVORCED (Specify) 10. USUAL OCCUPATION (Granible) WIDOWED. DIVORCED (Specify) 10. STATILER S. NAME U. LITTER S.	3	9		MOUI	dent	Hospital	13017	imore	9		township)
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21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (c. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 10. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCUR? 21f. How DID INJURY OCCUR? 21f. How DID INJURY OCCUR? 22e. I hereby certify that I attended the deceased from work in the deceased alive on a root, 1950, and that death occurred at a root from the causes and on the date stated above. 23a. SIGNATURE 24a. BURIAL. CREMA- 100. REMOVAL (Specify) 24c. NAME OF CHIEF TOWN OF COUNTY) 24c. NAME OF CHIEF TOWN OF CATTON OF COUNTY) 25. FUN RAL DIRECTOR ADDRESS	U	TO THE DISEASE OR CONDITION CAUSING IT.					RATION	***************************************	iè	1 20	AUTOPSY?
22. I hereby certify that I attended the deceased from 10 1950, to 1951, that I last saw the deceased alive on 1950, and that death occurred at 6 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24C. NAME OF CHARLESTORY 1950 town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNRAL DIRECTORY ADDRESS ADDRESS 25. FUNRAL DIRECTORY ADDRESS ADDRESS ADDR	AL	ISS. MASSIVE THE MASSIVE OF SPERAL									
22. I hereby certify that I attended the deceased from 10 1950, to 1951, that I last saw the deceased alive on 1950, and that death occurred at 6 c. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL. CREMA- 24B. PATE 24C. NAME OF CENETATIVE OF THE COUNTY OF TOWN, or county) DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTOR ADDRESS ADDRESS 25. FUNERAL DIRECTOR ADDRESS	EDIC							ty, give exac	t location)		
22. I hereby certify that I attended the deceased from 10 1950, to 1951, that I last saw the deceased alive on 1950, and that death occurred at 6 P. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED 23A. BURIAL. CREMA- 24B. PATE 24C. NAME OF CHARLESTOWN OF COUNTY) (State) DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 25. FUNERAL DIRECTOR ADDRESS	Σ										
deceased alive on 170, 1950, and that death occurred at 6 c. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24C. NAME OF CENTER OF THE COUNTY OF THE C		INJURY WHILE AT NOT WHILE									
deceased alive on 170, 1950, and that death occurred at 6 c. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24C. NAME OF CENTER OF THE COUNTY OF THE C									last saw the		
24A. BURIAL. CREMA- TION. REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR S SIGNATURE LOCAL REGISTRAR L		deceased alive on \$170, 1950, and that death occurred at 6 f. m., from the eauses and on the date stated ab							stated above.		
24a. BURIAL. CREMA- 24B. DATE 24C. NAME OF COUNTY STATE 24C. NAME OF C		-		/15	Zen	DATE OF THE PARTY	2	id triel	leve		/ / -
SED VA SACON		4A. BURIAL. C		24B. DATE	1		OPKINS PREJICAL SC	HOP SEP 7	1950"	own, or county	(State)
CED VE SERCE				REGISTRAR	S SIGNAT	PRE WALLS	25. FUNERAL D			ADDRE	SS
CED Visitation (OCAL REGISTI	KAR .	tutu	after 1%	manual night	t and is	sioner of He	alth		
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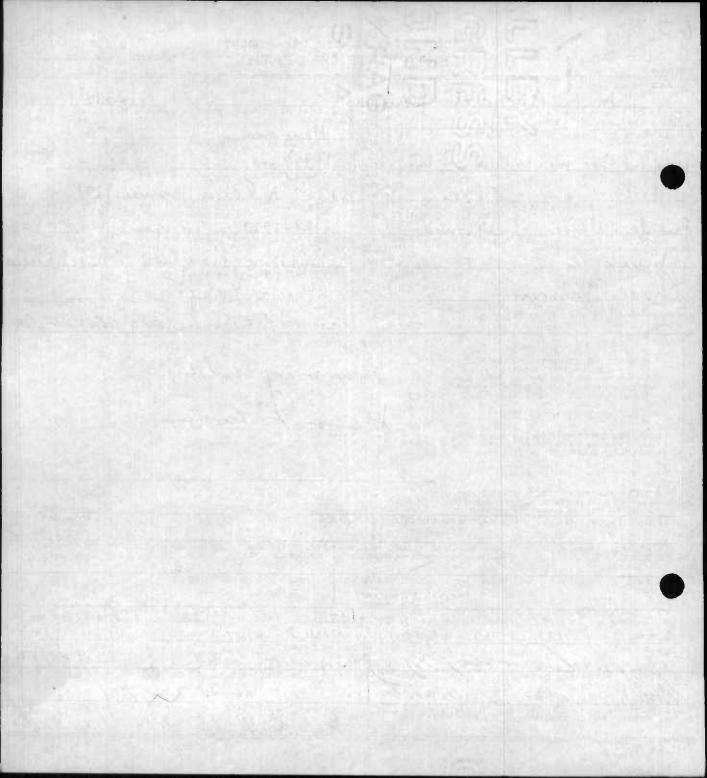


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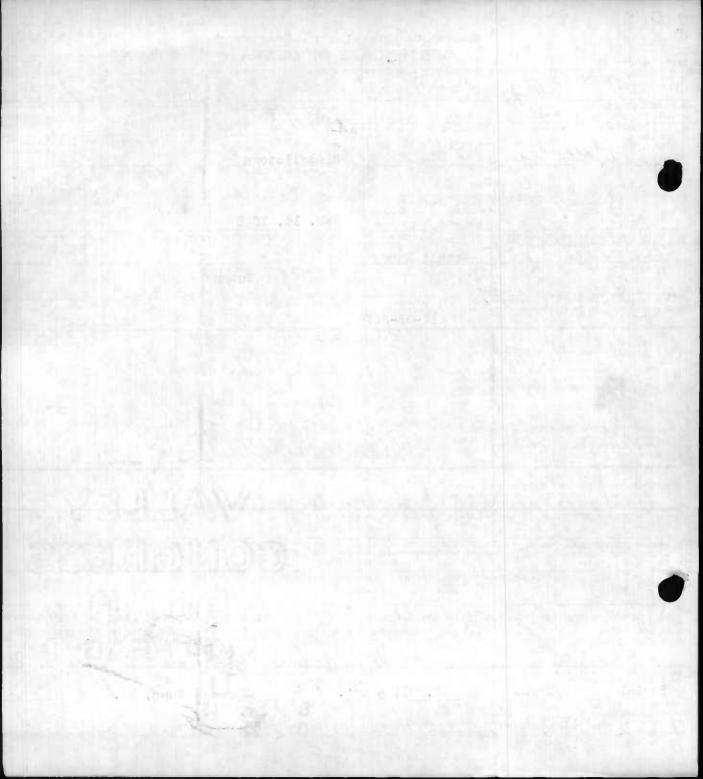
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8158
Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF MARGON DEATH mma 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write BORA), and give C. CITY OF TOWN INSTITUTION round Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) II Under 1 Year last birthday) Months Days Hours Min. Widowed vme 12. CITIZEN OF WHAT COUNTRY 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country work done during most of working life, even if retired) INDUSTRY anna 13. FATHER S NAME, 14. MOTHER'S MAIDEN NAME 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 605 Edmondeon to NTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICA NO L 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE , 1950, to_ ., 1950, that I last saw the 22. I hereby certify that I attended the deceased from___ deceased alive on 9113 1950 and that death occurred at Le m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Sept 23/50 M. D. 24A. BURIAL CREMA-24C. NAME OF CEMETERY OR CREMATORY ood laun Bulled 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR



100	00		,-	P** (1)
6	BALTIMORE CITY HI	EALTH DEPARTMENT	V	50 8159
B	0 0110	E OF DEATH	Registered	
1.	NAME OF DECEASED FRANKE BURK	,	2. DATE OF DEATH	22/52
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		finstitution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		12 alta	more
	ISTITUTION (MUNICIPAL CAS)	c. CITY OR TOWN (If	outside corporate limi	ts, write RURAL and give township)
-	The state of the s	Randallstown	1 1 1 1	200
	Yrs. f Mos.	D. STREET ADDRESS (If	rural, give location)	Rd.
C.	SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH		: Windsor Mill
	WIDOWED, DIVORCED (Specify)			onths Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12 CITIZEN OF
2	k débe during most of working life, even if retired) Retail Shoes	Med		WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MALDEN NA		-6511
2	Gury Duck	Gllen /V	Viller	V
(Ye	s, no or unknown) (If yes, give war or dates of service) 212-05-3574	17. INFORMANT	5	DDRESS
		OF DEATH	710	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	OF DEATH)		ONSET AND DEATH
	LEADING TO DEATH	10/1201011111	Mich	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
	ANTECEDENT CAUSES			
z	(B) LUL	alinalina		
110	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	. DA- 11	1.	
ERTIFICATION	UNDERLYING CONDITION LAST.	sultrolic Care	Lovac. as	
F	11			
R	OTHER SIGNIFICANT CONDITIONS CON-	1 111		
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	2 Yugo ceus	where	
J	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	0730/100	20. AUTOPSY?
CA		V		YES NO L
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,		f in Baltimore City,	give exact location)
3	INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHILE			
	22. I hereby certify that I attended the deceased from 9	-21 ,1957to	9-22,195	that I last saw the
	deceased alive on 1-22, 1938 and that death occur			he date stated above.
		3B. ADDRESS	+~/	23C. DATE SIGNED
_	(awen VII. Nerprain. D.)	MAMNERS	4 Hoeb	19/22/58
T!	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		CATION (City, town	, or county) (State)
_	Burial 9/25/50 Mt. Olive Cer		llstown, Md.	
L	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	0/1/	ADORESS
	SEP 25 1950 / Temetrajton / Milanis / Mila	Jum. + Jucker	ner Mis	Dallo ! 19.
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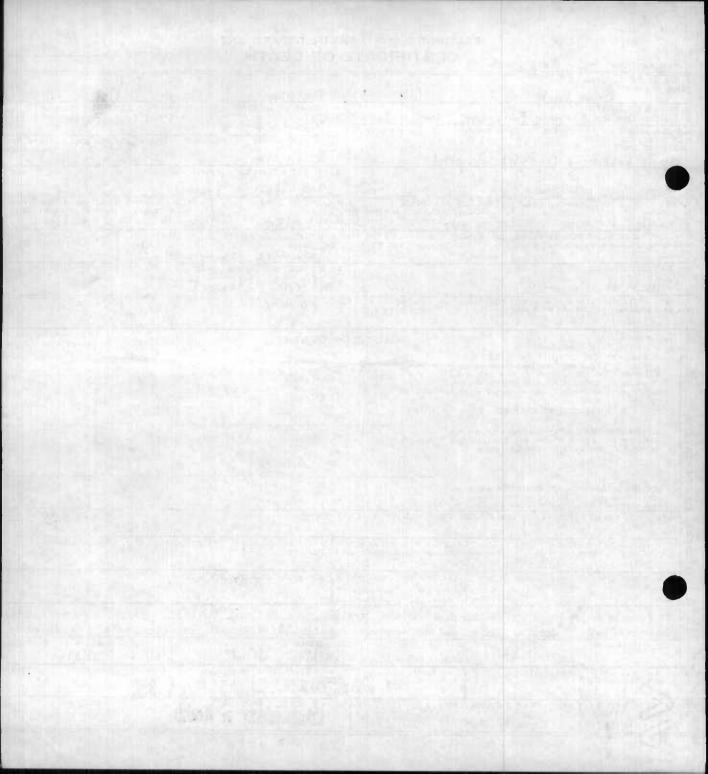


520 8160

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

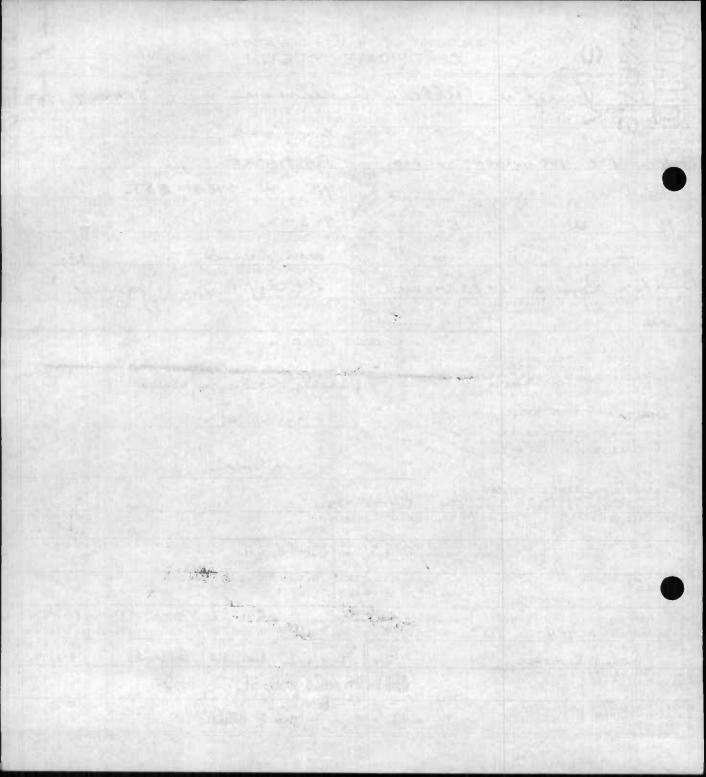
Registered No. 8160

В	IRTH NO. 20702						
1.	NAME OF DECEASED Type or Print) Roby Givl		01.10-	2. DATE ON	50		
_			OWers	1	50		
A.	Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (V	Where deceased lived. If B. COUNTY	institution: residence before admission)		
	FULL NAME OF (If not in hospital or OSPITAL OR	institution, give street address or location)	Maryland				
11	STITUTION	41	c. CITY OR TOWN (If	outside corporate liber	ts, wnt RURAL and give township)		
- 5	Bouth Paltimore Geneval	tospital	Baltimore	60			
		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)			
	Length of stay in Baltimore	Days		venue			
5.	SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year H Under 24 Hours		
	Female White	Simple	9/ 9/50	Tado Die Cisaldy / Inc	2		
10	DA. USUAL OCCUPATION (Givekindel 10	B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF		
WOT	k done during most of working life, even if retired)	INDUSTRY	Beltimore Ho	1 1	WHAT COUNTRY?		
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN N	rylond			
1	1111 - 11 0	LEVELS BURY LOSS STATES	0 11 -1	L			
1	William H. Owers		Octherine Stew	hyT			
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FOR s, no or nnknown) (If yes, give war or dates of se		17. INFORMANT	A	DDRESS		
120	(1. Jost Bro war or diversity	SECURITY NO.					
	201	,			INTERVAL BETWEEN		
	18. 176 X	CAUSE	OF DEATH		ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY						
	(This does not mean the mode of dy	ving, e.g., (A)	rematunte				
	heart failure, asthenia, etc. It means the	he disease,					
	injury or complication which cause	ed death.) OUE TO					
	ANTECEDENT CAUSES						
Z	DISPASES OF CONDITIONS OF THE PROPERTY OF THE						
F	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO						
Y	UNDERLYING CONDITION LAST.						
1							
ERTIFICATION	11	(C)					
2	OTHER SIGNIFICANT CONDITIO						
Ü	TO THE DISEASE OR CONDITION CA						
_	19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
A					YES NO		
EDICAL		18. PLACE OF INJURY (e.g., in		If in Baltimore City,	give exact location)		
E	HOMICIDE (Specify) abo	out home, farm, factory, street, office hldg., e	tc.) INJURY OCCUR?	,			
Σ	Jo. TIME (Month) (Day) (Year) (Ho	ur) 21E. INJURY OCCURRE	D 21F, HOW DID INJUR	V OCCUP?			
	INJURY (Month) (Day) (Teat) (Ho		ZIP. HOW BID INSOR	, occorr			
		m. WHILE AT NOT WHILE					
	22. I hereby certify that I attend	ed the deceased from 919	So , 19 , to 9	11150 19	_, that I last saw the		
	deceased alive on 91150, 19, and that death occurred at 4:55A. m., from the causes and on the d						
	23A. SIGNATURE		3B. ADDRESS	ne causes and on c	23c. DATE SIGNED		
	- / 1		213 hight street	1 ,	9/12/50		
-				OCATION (City town			
	4A. BURIAL, CREMA 24B. DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETER	Undiane Menicul Co	OCATION (City, town	, or country) (State)		
		Y WIN	HATTERN THE DIVAL JULIUS	F 1 4 1950			
D	ATE RECEIVED BY REGISTRAR'S S	IGNATURE	25. FUNERAL DIRECTOR	Nacks.	ADDRESS		
L	OCAL REGISTRAR	ator Williams, M.	The familiar and the second se	4.00			
		W.					
	VS 150		11,		1 - 0		
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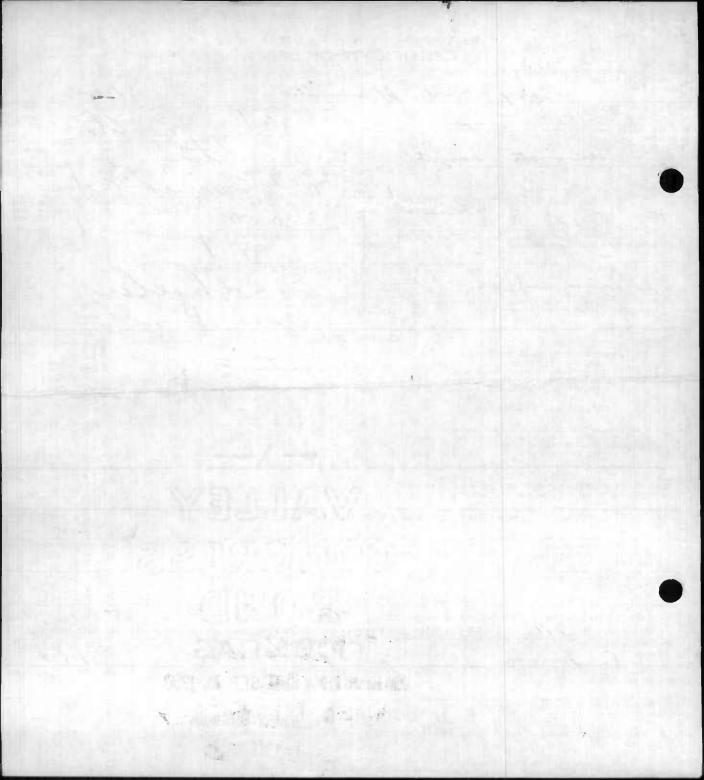


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO.50-19 61 1. NAME OF DECEASE 2. DATE (Type or Print) allow ackerman OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or c. CITY OR TOWN B. FULL NAME OF HOSPITAL OR location) (If outside corporate innits, write R) RAL and give township) HOSPITAL BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. W. PRATTEST. c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | fi Under 1 Year | fi Under 24 Hours | Months | Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 9-3-50 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Durahand V3. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. MA INTERVAL BETWEEN CAUSE OF DEATH 18. 62,5 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY nine Evident. - mpl LEADING TO DEATH (This does not mean the mode of dying, e.g., probably afelect is, bostone. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF 20. AUTOPSY? EDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! 22. I hereby eertify that I attended the deceased from 9-3 . 195, to 9-4-, 195, that I last saw the 19.50 and that death occurred at 11 pm., from the eauses and on the date stated above. deceased alive on 9-4 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Hopetol, Bollinie 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR huntre wor / Willaute, M. CFD 25 1050

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	50	8163	BAL	TIMORE CITY HE	EALTH DEPARTMENT	Registered	No. 8168
ВІ	RTH NO. 5	0-19/18		CERTIFICAT	E OF DEATH	, neg.stereu	110
	NAME OF D ype or Print)	ECEASED Bal	y &	il Ha	wilton	2. DATE OF DEATH	1.150
	PLACE OF D Baltimore (City, Maryland	V		4. USUAL RESIDENCE (Where deceased lived. B. COLNTY	If institution: residence before admission)
HC	FULL NAME OSPITAL OR	OF (If not in hosp	ital or institut	ion, give street address or location)	c. CITY OR JOWN	L'outaide corporate lin	nits, write RURAL and give
IN 3	STITUTION	Unwint	· Ha	spitel	Park	ton	5 2 township)
C.	ngth of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give location)	Rel
5.	SEX	6. COLOR OR RACE		. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under I Year if Under 24 Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of working life, even if retired	of 10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	IAME	. / ~	7/	14. MOTHER'S MAIDEN	NAME/	
4.5	H a	my -k	Lam	llon	Don A	heele	
(Yes	, no or unknown)	ED EVER IN U.S. ARMI (If you, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Humil	ADDRESS
	18. 776	*		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	1	semetante	_	
	(Ins goes not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,						
	injury or	complication which	caused death	.) DUE TO			
7	ANTECEDENT CAUSES (B)						
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
A		ING CONDITION L				×	
FIC							
RT		IGNIFICANT CONE					
S		TO THE DEATH, BUT					
اد	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21a. ACCID	ENT WAS UNDER-	218. PLA	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City	give exact location)
MED		CONTRIBUTING	about home, f	arm, factory, street, office bidg.,	to.) INJURY OCCUR?		
-	210. TIME (Month) (Day) (Year	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	- E
			m.	WHILE AT NOT WHILE AT WORK			
		y certify that I at live on 9/1			rred at 5:15Pm., from		the date stated above
	23A. SIGNA				3B. ADDRESS		23c. PATE SIGNED
	7.8	· Jum		м. D.	Unwrite for	juto.	8/1/50
TIC	A. BURIAL, (S)	pecify)		24C. NAME OF CEMETE	S HEDICAL SCHOOL SEP	1950 (City, tow	rn, or county) (State)
	ATE RECEIVE	D BY REGISTRAF	S'S SIGNATU	DRE O	25 FUNERAL DIRECTOR	ealth	ADDRESS
5	VS-150	Theat	Modro	Filliands.Ma	* *		
1			Ü		4 1.1 1.2		1590



18	00				
0	94.00		EALTH DEPARTMENT		81.53
В	RTH NO.	CERTIFICATI	E OF DEATH	Registered No	
(7	NAME OF DECEASED PESS	IE SEI	HOEN	2. DATE OF DEATH 9-21	4-50
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If institution B. COUNTY	ution: residence before admission)
H	OSPITAL OR	stitution, give street address or		outside corporate linits w	10
11	STITUTION 4005 Barren	Aton Kond	It alten	ore 1	township)
		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	00
C.	sex 6. COLOR OR RACE 7. SII	Days	8. DATE OF BIRTH	rungion	Nac
7		DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (17 years Months Months	Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of done during most of working life, every first retired)	CIND OF BUSINESS OR	11. STRTHPLACE (State or fo		CITIZEN OF
V	your were	INDUSTRY	Pattemor	e Ma	WHAT COUNTRY?
	ATHER'S NAME	1.0-0	14. MOTHER'S MAIDEN N	AME	
7	. WAS DECEASED EVER IN U. S. ARMED FORCE	S? 16, SOCIAL	xury		
(Ye	(If yes, give wer or dates of service)	SECURAL NO.	17 NFORMANT	ADDR	auce
	18. 155× 1	CAUSE	OF DEATH		NTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT			1.	NSET AND DEATH
	(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	isease.	unowa of	Veyer	Word 3 yes
	injury or complication which caused	20	· nin	16	
z	ANTECEDENT CAUSES	(B)/ lur	our Cholecy	ship	10415
TION	DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN	GIVING DUE TO			
FICA	UNDERLYING CONDITION LAST.	(C)			***************************************
RTIF	II - Section 1				
ш	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATED			
C		JOR FINDINGS OF OPER	ATION 1 6. 11+	-4. +1.	20. AUTOPSY?
EDICAL	May 14, 450 Ca	reensure of Cig	the Duct & Chelas	Pasisto lever	YES NO
MEDI	LYING OR CONTRIBUTING about b	PLACE OF INJURY (e. f., in nome, ferm, factory, street, office bidg., e		f in Baltimore City, give e	exact location)
	INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI		OCCUR?	
		m. WORK AT WORK		Holes F 5	
	deceased alive on 24 19 5	the deceased from	ey 910 1950to 2	he causes and on the do	at I last saw the
	23A SIGNATURE		3B. ADORESS		c. DATE SIGNED
-	Jeures his	Bun M.D. 1	138 xindlen	Muy 26	04450
TIC	A DURIAL, CREMA- 24B, DATE PROVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town or co	unty) (State)
D	TE RECEIVED BY REGISTRAR'S SIGN	JATURE	AS. FONERAL MEETOR	ADI	RESS
	DOS 1050	Millianies, Marie	Jack Lewis	De 2100 E	rutare 12
-	VS 150	(/			111
1				64	6 7

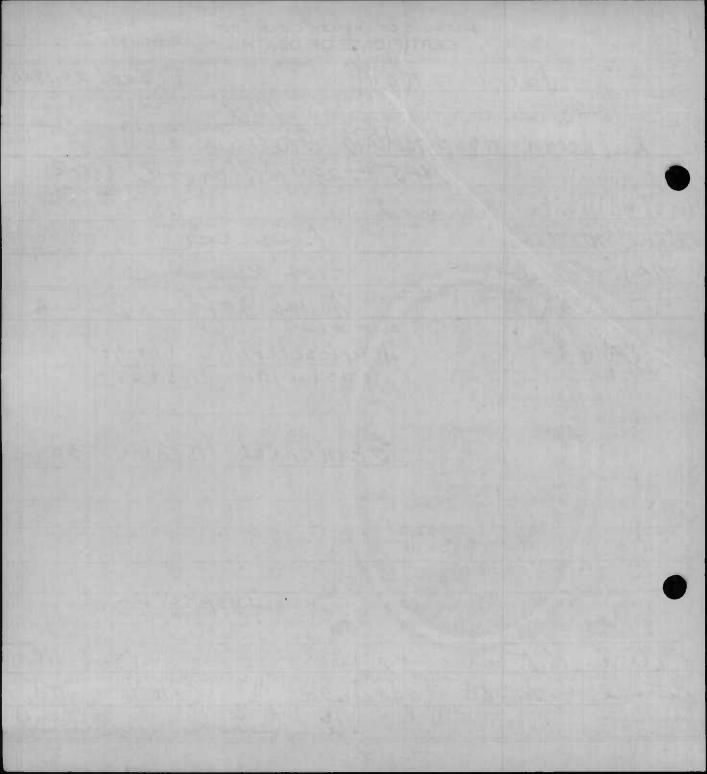
2 Commission of the

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) aco DEATH 0 3. PLACE OF DEATH: 4. USUAL RESIDENCE A Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) of not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CIT (If outside corporate lin its write RAL and give township) D. STREET ADDRESS ength of stay in Baltimore 6, COLOR OR, RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under | Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. moure APLACE (State or foreign country) USUAL OCCUPATION (Give kind of) IOB. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) ADARESS SECURITY NO. 4201 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bronchial Asthma OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. EXTERNAL CAUSE WAS 218. FLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) PRIMARY OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK

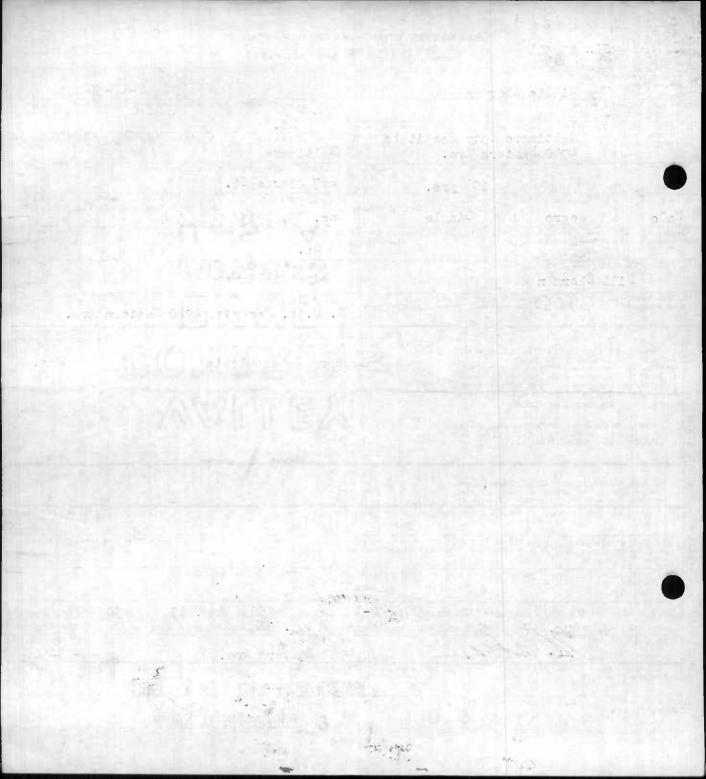
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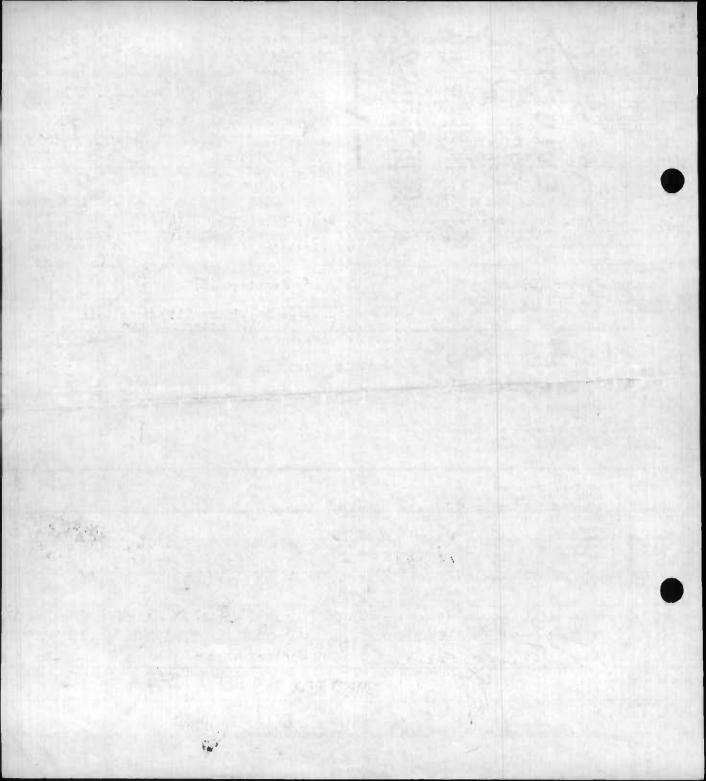


BIRTH NO.	JL 138514	BAL	CERTIFICAT	E OF DEATH	Registered	No.
1. NAME OF (Type or Print		herman			2. DATE OF DEATH 8-1	L7-50
	DEATH: City, Maryland			4. USUAL RESIDENCE (A. STATE Md.		f institution : residence before admission)
B. FULL NAM HOSPITAL OF INSTITUTION	Baltimor 4940 Eas	e City	on, give street address or Hospital gcation) e.	Baltimore (I	//	its, while RURAL and give township
	stay in Baltimore	10	Yrs. Mos. Days	667 Pierce St.	f rural, give location)	
Male	6. COLOR DR RACE	WIDOW	. MARRIED. ED, DIVORCED (Specify) ngle	B. DATE OF BIRTH Dec. 25, 1915	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours Ionths Days Hours Min.
10A, USUAL, Cork done during mo	OCCUPATION (Give kind of at of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME ill Sherman			14. MOTHER'S MAIDEN N	IAME	
15. WAS DECEA Yes, no or unknow	SED EVER IN U. S. ARMED (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Records	s, 4940 Easte	address orn Ave.
(This do heart fai injury o	ASE OR CONDITION LEADING TO DEAT cs not mean the mode o lure, asthenia, etc. It mea or complication which c ANTECEDENT CAUS ES OR CONDITIONS, II THE ABDVE CAUSE (A) LYING CONDITION LA	f dying, e.g. ns the disease aused death. ES ANY, GIVING STATING TH	(A)	nonary Tuberculos	is	6 Mos.
TRIBUTII	SIGNIFICANT CONDING TO THE DEATH, BUT DISEASE DR CONDITION	NOT RELATED	0		•	
5			FINDINGS OF OPER		/M to Politica City	20. AUTOPSY?
LYING CAUSE OF	DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Year)	about home, fe	CE OF INJURY (e. g., i	etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
NUUR.	Y	m. w	HILE AT NOT WHILE WORK AT WORK		TOCCORT	
	by certify that I att alive on Aug. 17		and that death occur	rred at 5.50 AM from	the causes and on	50that I last saw th the date stated above
24A. BURIAL, TION, REMOVAL		1 2	M. D. 4C. NAME DE CEMETE	4940 Eas tern Ave. RYDR CREMATORY 240. I	LOCATION (City, town	8-23-50 n, or county) (State)
DATE RECEIV	STRAR		re ia UL/Q = 17	25. FUNERAL DIRECTOR	of Registr -	ADDRESS
S VS 150	1320		and the last last			1131-

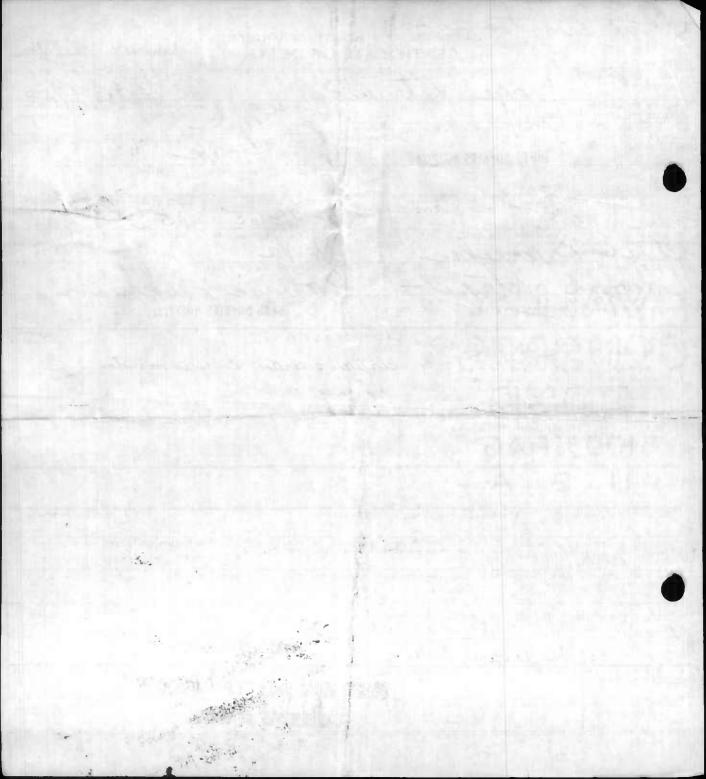


140601		יי ואמי		E OF DEATH	Registered N	8166
BIRTH NO.			CERTIFICATI	E OF DEATH	Registered No	0
1. NAME OF (Type or Print)		rles Je	eater		OF Aug. 2	5, 1950
3. PLACE OF	DEATH: City, Maryland	- 0	325714 - 0.5	4. USUAL RESIDENCE	Where deceased lived. If in	nstitution : residence
B. FULL NAME	OF (If not in hospit	al or institut	tion, give street address or	A. STATE, Laryland	B. COUNTY	before admission
HOSPITAL OR INSTITUTION	Baltimore C 4940 Easter	ity Hos	spitals location) Le	c. CITY OR TOWN (I	f outside corporate innit.	wite NURL and give township
c. Cheth of	stay in Baltimore		20 Year's Mos. Days	D. STREET ADDRESS (If	rural, give location)	
5. SEX	6. COLOR OR RACE		E. MARRIED.	Sept. 18, 1395		Under I Year If Under 24 Hours ths Days Hours Min.
10A. USUAL O	CCUPATION (Give kind of tof working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AMF	
Richar	ed Jeater (D)			Mary Jennings	1 -	
15. WAS DECEA	SED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL . SECURITY NO.	17. INFORMANT Records* Baltimo	re City Hospi	DRESS tals
18. 15	1.1		CAUSE	OF DEATH	svern Avenue	INTERVAL BETWEEN
DISE	SE OR CONDITION	DIRECTLY	~ .			ONSET AND DEATH
(This do	LEADING TO DEA	f dying, e. 1	6.0 (A)	ic Carcinoma	***************************************	3 Mos.
injury o	lure, asthenia, etc. It mea r complication which c					
	ANTECEDENT CAUSES					
DISEASE	ES OR CONDITIONS, II	F ANY GIVE	(B)		***************************************	
RISE TO	THE ABOVE CAUSE (A)	STATING TH	E DUE TO			
2	>		(C)	***************************************		
TRIBUTIN	SIGNIFICANT CONDI	NOT RELATE	ED			
	OF OPERATION # 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
Aug. 23			astric Carcino			YES NO X
	DENT WAS UNDER. OR CONTRIBUTING	21B. PL/ about home,	ACE OF INJURY (e. g., in farm, factory, atreet, office bldg., e	or 21C. WHERE DID (stc.) INJURY OCCUR?	If in Baltimore City, gi	
21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	1
INJURY		m.	WHILE AT NOT WHILE			1
22. I here	by certify that I att	ended the	deceased from Aug	. 12 1950 to A	ug. 25 , 1950,	that I last sam th
deceased of	live on Aug. 25,	, 1950	and that death occur	red at 3:110 Pm., from t	he causes and on the	e date stated above
23A. SIGNA	ATURE 1.S.	Olog		38. Address 4940 Bastern Ave		3-28-50
24A. BURIAL, TION, REMOVAL (CREMA- Specify)	0	24C. NAME OF CEMETE	STY MEDICAL SCHOOL SER	OCATION WILL town, o	or county) (State)
DATE RECEIVE		S SIGNATU	B 5,00	25. FUNERAL DIRECTOR	Koalth	ADDRESS
SEVS 150	1950 June	SON TYN	ALAUKA, AE	Carlines arried to	AA TONO	
100	3	1				. 1

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State anatomical BALTIMORE CITY HI	
Pro Charles and the Charles an	E OF DEATH Registered No. 8167
1. NAME OF DECEASED (Type or Print)	le OF DEATH LEAST 17. 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution, residence B. COUNTX before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
1011S HOPKINS HOSPITAL	township)
c. ngth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 5200
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-2/-65 9. Age lin years if Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Girckind of retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. EATHER'S NAME	14 MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Catherine Jakman
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANTS HUPKINS HUSPITAL ADDRESS
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	onset and death rivoluntic Cardio vascular lase
OTHER SIGNIFICANT CONDITIONS CON- HITTIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 9	(1950, to 9/) , 1950, that I last saw the
deceased alive on 1, 1950, and that death occur	rred at
24A. BURIAL. CREMA- TION, REMOVAL (Specify) 24B. DATE 24C NAME OF CEMETE	TY MENCAL SCHOOL SEP 1 1 1950
DATE RECEIVED BY REGISTRAR'S SIGNATURE COCAL REGISTRAR SEP 25 1950	Commissioner of Health
VS 150 5 F 2 F E	093d



ROBINSON

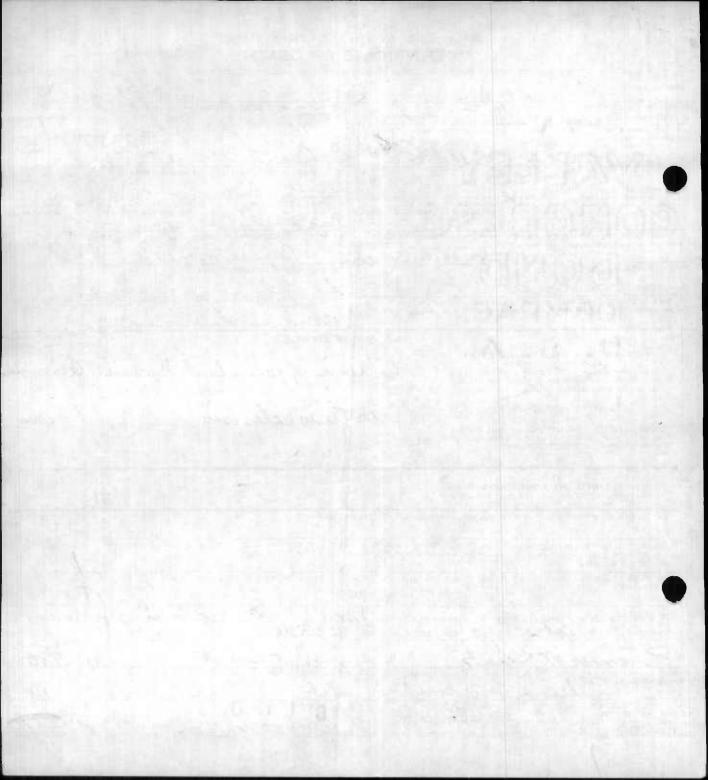
ROBINSON
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	0.1100		CERTIFICAT	E OF DEATH	Registered	No. 8	8
1. NAME OF D (Type or Print)	CARR	IF R	ObINSON		2. DATE OF DEATH 17	19 27 1	950
B. FULL NAME HOSPITAL OR	EATH: City, Maryland / OF (If not in hospit	172 4 al or institut	tion, give street address of			before	e admission)
3 3	HONES ROPKINS !	SOSPITAL		BALTIMORE	17	mps, wy tre-das it.	township)
c. ength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I	- 1		
S. SEX FEMALE	6. COLOR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days H	Min.
IOA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	O OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEI WHAT	N OF COUNTRY?
13. FATHER'S N	The me	2		14-MOTHER'S MAIDEN I	NAME Car	ter	
15. WAS DECEAS: Yes, oo or uokoown)	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMS ROPKINS	MOSPITAL	ADDRESS	
DISEASES RISE TO T UNDERLY	not mean the mode of re, asthenia, etc. It mea complication which complication which complication which complication complication which complication	ns the diseas aused death EES FANY, GIVIN STATING TH ST.	(B) July	recteusión		seve.	Sjewe
TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION 4 1 1	CAUSING I	T. Kareeno	wa of Node	es of Theel	1 20:AL	JTOPSY?
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION We keep to the first						YES	No 🗌
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK							
	y certify that I att live on 8-27		and that death occur	-21 rred at 11 95, 1950, to	8-27, 19- the causes and on	the date sta	
22 SIGNA	evel C	Jasi	s for M.D.	23B. ADDRESS	S HOSPITAL		E SIGNED
24A. BURIAL, (STION, REMOVAL (S	Pecify)		24C. NAME OF CEMETE	RY OR CREMATORY 24D.	P 1 1 1950	n, or county)	(State)
DATE RECEIVE	RAR	SIGNATI	I MI SECOND	25 FUNERAL DIRECTOR	h	ADDRESS	
31.63	330				1.		

THE PERSON OF TH S CHANG COMPA A The State of the state of The state of the season in the P. 1016 Commence Comer THE TOWN The wind of the 1 the James L. C. Warrier -

BALTIMORE CITY HEALTH DEPARTMENT

28	RTH NO.16	39		CERTIFICAT	E OF DEATH	Registered No	0
	NAME OF I	DECEASED	o C	Lincla	ir	2. DATE OF LEST.	22-1950
_A.		City, Maryland	Bre	umore	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	nstitution: residence before admission)
H	FULL NAME	OF (If not in hospi	ital or institut	ion, give street address or location)	c. CITY OR TOWN (I	f outside corporate limits	Write KLEAT and give
0	234	6 Baro	lay	St.	Batten	now !	(ownship)
C	ength of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	St
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED. (ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In yours Mulast birth day) Mon	Inder I Year H Under 24 Hours the Days Hours Min.
10	A LISUAL OF	CUPATION (Give kinds	/	7	aug 27-1868	1820 -	- 12
wor	k done during most	of working life, even if retired	IOB. KINL	OF BUSINESS OR	11. BYRTHPLACE (State or f	foreign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	mucm	ofthe Busines	14. MOTHER'S MAIDEN N	IAME	4.8
5	mes E	Sincla	ir		SANAR C.	ante in	0
15	. WAS DECEAS	SED EVER IN U. S. ARME	D FORCES?	16, SOCIAL	17. INFORMANT	AD	DRESS
(20	e, no or shallown	(1. 305. 8170 WOT OF GREE	os or sorvice)	SECURITY NO.	Bessie &	inclas	r)
	18. 42.	2.1.	perilin-	CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION		2 /	1 2.		
	(This doe	LEADING TO DEA	of dying, e. g	(A) C. hre	ne Myvcard	'cal Disease	Comments
		ure, asthenia, etc. It me complication which			17		
		ANTECEDENT CAU	SES	r	terioscleras	1	2
Z	DICEACE	C OR COMPLETIONS		(B) W	Curoscler as	6	· years
F	RISE TO	S OR CONDITIONS,	STATING TH	E DUE TO			
CA	UNDERL	YING CONDITION L	AST.	(C)		••••••	
ERTIFICATION		11					
RT		SIGNIFICANT COND					
CE		G TO THE DEATH, BUT DISEASE OR CONDITION					
ب	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA			L ate DLA	CE OF INITIBY (:	and also WHERE DID. (If in Daltimore City of	YES NO
MEDICAL		DENT WAS UNDER- OR CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg., a		If in Baltimore City, gi	ve exact location)
	D. TIME	(Month) (Day) (Year	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m. 1	WHILE AT NOT WHILE			
	22. I herel	by certify that I at	tended the	deceased from 24	my 1950 to S	eptember 1950,	that I last saw the
					red at 3'304 m., from t	the causes and on the	date stated above.
	224 SIGNA	TURE .	11 0	2	3B. ADDRESS	04	23C. DATE SIGNED
-	AA. BURIAL,	new //. Y	LINES	M. D.	3406 Strame		7/25/50
TI	ON, REMOVAL	Specify) 24B. DATE	T. 10.50	24c. NAME OF CEMETE	RY OR CREMATORY 24B. L	OCATION (City, town, o	(State)
	ATE RECEIVE		SISIGNATA	IRE IS CONTROLLED	25. PUNEFAL DIRECTOR		ADDRESS
L	SED 251	TRAR	for Il	12, 11,00 1 1 1	Wm Cook	Anc - 121	JI Rul St
=	VS 150	334		Q-19-11-13-11-11		/	,
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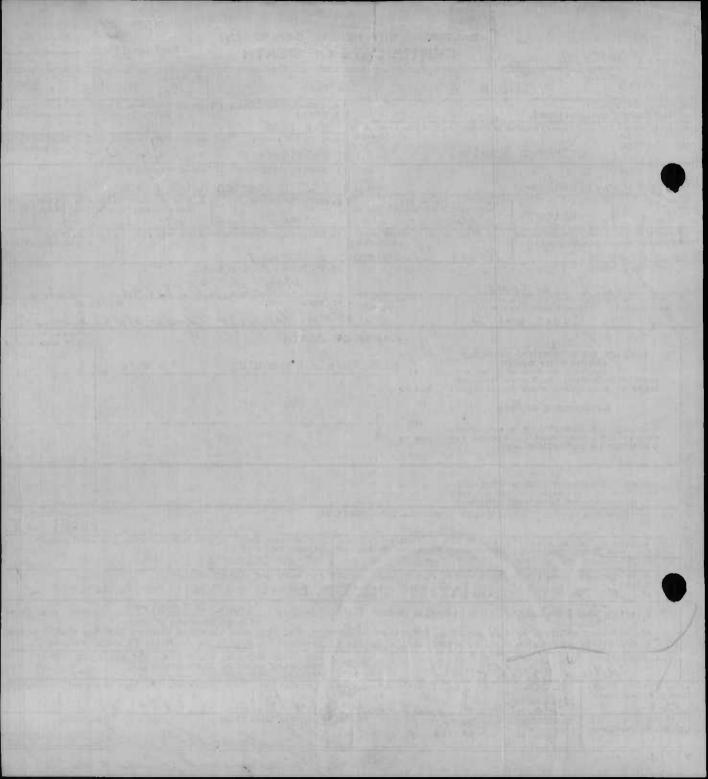


65	7	5	
50 BIRTH	N	31	70
1. NAN	1F	OF	DECE

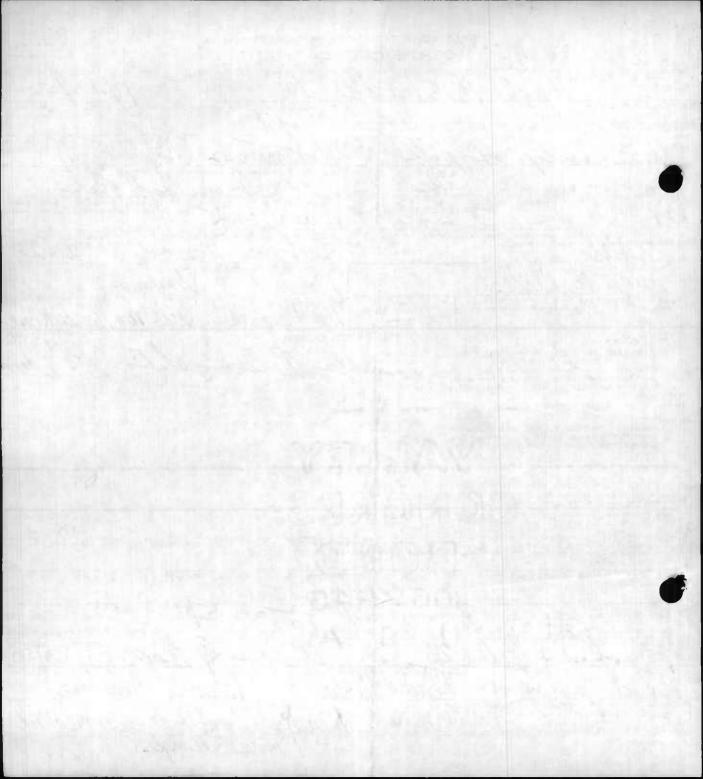
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	10		CERTIFICATI	E OF DEATH	Registered i	No.
1. NAME OF	L1				2. DATE	
(Type or Prin	Elizabeth N	1. Her	may		DEATH Sept.	
A. Baltimore	e City, Maryland			A. STATE	NCE (Where deceased lived, If B. COUNTY	institution: residence before almission)
B. FULL NAM		al or instituti	on, give street address or location)	Maryland c. CITY OR TOWN	(If outside some ata land	ts, write RURAL and give
INSTITUTION		ton Bou	Levard	Baltimore	(11 outside confonte initial	township)
			Yrs.	D. STREET ADDRES	SS (If rural, give location)	
ength of	f stay in Baltimore		Mos. Days	623 Washin	ngton Boulevard	
5. SEX	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		ff Under 1 Year If Under 24 Hours onths: Days Hours Min.
female	White	Wic	lowed	Sept. 26, 188		
work done during m	OCCUPATION (Give kind of ost of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
house 13. FATHER'S	ewife			Baltimore.	Maryland	
	chael Conway			Catherine		
15. WAS DECE	ASED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
(Yes, no or unknow	(If yes, give war or date	u of service)	SECURITY NO.		zurek, 2 E. Biddl	
18. 1	1434		CAUSE	OF DEATH	See one & Dr. Dieter	INTERVAL BETWEEN
	EASE OR CONDITION				1.	ONSET AND DEATH
(This o	LEADING TO DEA	of dying, e. g	., (A) Hype	rtensive	Cardovascular	
injury	allure, asthenia, etc. It mes or complication which	aused death	C1 /			
	ANTECEDENT CAUS	SES	(B) Disea	26.0		11 33 0 14 6
Z DISEAS	SES OR CONDITIONS, I	F ANY, GIVIN	()	(S.E	•••••••••••••••••••••••	
O RISE TO	THE ABOVE CAUSE (A)		E DUE TO			
<u>ح</u>			(C)	***************************************	***************************************	***************************************
Z DISEA: OTHER TRIBUT TO THE	SIGNIFICANT COND	ITIONS CON				
TRIBUT	ING TO THE DEATH, BUT			•••••		
	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
A		1 21n DIA	CE OF INJURY (e. g., li	or 21c. WHERE DI	D (If in Baltimore City,	give exact location)
UNDERLY	RNAL CAUSE WAS	about home, fo	arm, factory, street, office bldg.,			
	CAUSE OF DEATH. (Month) (Day) (Year)	1	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
INJUR			WORK NOT WHILE			
22. I cci	tify that I took char			bove, held an		thereon and from
		,		A	utopsy, Inspection or Inquiry said deceased died on th	he day stated above
and	death in my opinion	resulted f	rom: natural causes	s 🔊, accident 🗌, s	uicide 🔲, homicide 🔲, r	undetermined .
23A SIGN	NATURE			ASSISTANT ME	DICAL EXAMINER	SC. DATE SIGNED
24A. BURIAL	CREMA-1 24B. DATE	7 12	M 24c. NAME OF CEMETE	.D. MEDICAL INVE	24D. LOCATION (City, town	Dr Ly (OU
burial	CREMA- 24B. DATE (Specify) 9/26/50		New Cathedra	Го	Baltimore.	Maryland
DATE RECEI	VED BY REGISTRAR	S SIGNATU		25 FUNERAL DIRE		ADDRESS
SFD 2		Tratal 1	Villiania 11	Am. Cook, &	1217 St. P.	aul Street
V S 151	±103U	0 -			09	2 1
					0/	

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) September 23, 1950 DELMAR HAYNES AVNE. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Lutheran Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos ength of stay in Baltimore 2542 Calverton Hgts. Avenue 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) | Months: Days | Hours | Min. Male White HRRIED 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? AINTER ONSTRUCTION 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL INFORMAL ADDRESS (Yes. no or nnknown) SECURITY NO. ES WORLD INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Barbiturate poisoning heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT NO X 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? EDI 2542 Calverton Heights Avenue home 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE Ingestion of barbiturate tablets eptember 22, 1950 P_{m} WORK Insp. & Inquiry 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\precite{\ 23B. CHIEF MEDICAL EXAMINER 23A. SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DURIAL 26 TUNERAL ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE DIRECTOR SEP 25 1950 Emitivator Millians, Mis



4	-30	r-1	
50 BI		E OF DEATH Registered No.	8172
(T	NAME OF DECEASED Hugh # 5 ade	2 dr. 2. DATE OF DEATH 9/	23/50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived if ins	
HC	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR STRUCTION		write RURAL and give township)
c.	ngth of stay in Baltimore Life Mos. Days	D. STREET ADDRESS (If rural, rive location)	25300
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9 AGE (11 years Month	let I Yeer If Under 24 Hours Days Hours Min.
	A. USUAL OCCUPATION (Givekindor dooe during month of yorking life, even if retired) FATHER'S NAME	Daltimore Maryland	WHAT COUNTRY?
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Maryland & Frerking	/
(Yes	no or ant yown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Maryland, O. Slade 1047	Purdock Road
CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Var Polismyelitis	INTERVAL BETWEEN ONSET AND DEATH
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
DICAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	YES NO
MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?	exact location)
	INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS WHILE AT WORK AT WORK		
	deceased alive of 19, 19 and that death occur	5 2 2, 195, to S. 19 3, 9	hat I last saw the
	23A. SIGNATURE 7. Helly M.D.		acte stated agove. 23c. DATE SIENED 9/23/50
	A BUNTAL, GREMA- 249 DATE N BEMOVAL (Specify) LIP. 25-1950 DULLA	idge Takesrille Mary	land!
LC	FP 25 950 mituator Milianus, M. 20 0	Durger Finance Home 3/31	Palls Wad
	VS 150	Norace F. Burgee	36.0



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) OF WHITE UONALO DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) BALTO B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION UNIVERSIT HOSDITAL (If rural, give location) MOS. 814/ CORNWALL ngth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 9. AGE (In years 8. DATE OF BIRTH If Under 1 Year | If Under 24 Hours last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) MARRIED 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) WHAT COUNTRY INDUSTRY PLUMBERY PIPE FITTER SHIP BUILDING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROSETTA E. NUSS SAMUEL 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or uoknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO CAMILLE H. WHITE - 8141 CORNWALL No win 233-09-2073 CAUSE OF DEATH 410 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., CONGESTIVE HEART heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES COMMISSURCTOMY OF MITRAL STENOTIC VALLE FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) RHEUMATIC HEART DISCAS OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT STENOSIC EDICA 21B. PLACE OF INJURY (e. g., io or 21C. WHERE DID ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 9/15 1950 to 9/21 , 195, that I last saw the 22. I hereby certify that I attended the deceased from_ 9/21, 19 57 and that death occurred at 815 pm., from the causes and on the date stated above. deceased alive on___ 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED university for a 24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 34b. LOCATION (City, town, or county) 26 SEPT. 1950 CEM. BALTO, CO., GAKLAWN BURIAL DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

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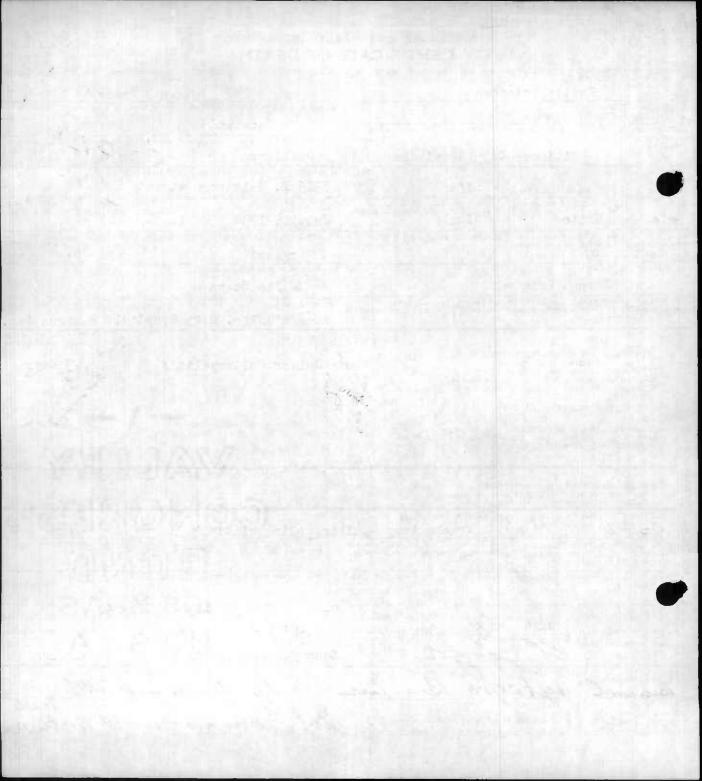
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8174

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Philip Friedman OF 9-24-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limit, write RURAL and give INSTITUTION township) Baltimore City Hospitals Baltimore D. STREET ADDRESS (If rural, give location) Mos. 1325 E. Baltimore Street Life gth of stay in Baltimore Days 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male July 9, 1934 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
School Boy USA. COUNTR INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Friedman Mollie Stern 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 4940 17. INFORMANT SECURITY NO. Records*Balto. City Hospitals Eastern Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Acute Bulbar Poliomyelitis Days (A) heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? MEDICAL 9-24-50 Tracheotomy -Bulbar Poliomyelitis NO X YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK 19 50 22. I hereby certify that I attended the deceased from 19 50 and that death occurred at 10:30 m. from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue 9-24-50 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION .. REMOVAL (Specify) REGISTRAR'S SIGNATURE DATE RECEIVED BY

LOCAL REGISTRAR



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REA-	140652
50	3175

REA- 140652				ALTH DEPARTMENT		OU OLIV
BIRTH NO. 170			CERTIFICATI	E OF DEATH	Registered N	0
1. NAME OF DECEA (Type or Print)	SED Thomas Mi	chael B	olton		2. DATE OF DEATH 9-22-	-50
3. PLACE OF DEATH A. Baltimore City,	: Maryland			4. USUAL RESIDENCE (i DEVIII	
HOSPITAL OR BAT	timore Ci	al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN (I	f outside corporate Vmits.	. write RIRAL and give
INSTITUTION 494	O Eastern	Avenue		Baltimore	-	township)
			Yrs. Mos.	D. STREET ADDRESS (If		
c. Agth of stay i	n Baltimore	7 CINICI	L) yrs. Days	810 S. Kenwood		
Male Wh	ite	Mar	E. MARRIED, PED, DIVORCED (Specify) ried	June 2, 1907	9. AGE (In years last birthday) 43	Under 1 Year
IOA. USUAL OCCUPA ork doneduring most of worki	ng life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
ELEC. TRUCK	PRIVER	CROW	N CORIC + SEAL			
			(n)	14. MOTHER'S MAIDEN N		(D)
15. WAS DECEASED EVE	ishael Bo		(D)		e MeDermiek	
Yes, no or unknown) (If	yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		DRESS
18.416x				Records: B. C. H	. 4940 Pastern	INTERVAL BETWEEN
1 1 1 1	CONDITION	DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
(This does not a	DING TO DEA	f dying, e. g	Cardia	c failure		1 year
heart failure, ast	henia, etc. It mes lication which o	ns the diseas	e.			
ANTE	CEDENT CAUS	ES				
DISEASES OR	CONDITIONS	FANY GIVIN	(D)	atic Heart Diseas	se	Unknown
RISE TO THE AB	OVE CAUSE (A)	STATING TH	E DUE TO			
			(C)		***************************************	
	ll .					
OTHER SIGNIE TRIBUTING TO T TO THE DISEASE	HE DEATH, BUT	NOT RELATE	D Surgical a	bsence of one lur	ug	13 months
19A. DATE OF OP	ERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT	WAS LINDER	21B. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City, gi	YES NO
LYING OR CON	NTRIBUTING	about home, f	arm, factory, street, office bldg., e	(c.) INJURY OCCUR?		ve chace location;
21D. TIME (Mont)	n) (Day) (Year)		21E. INJURY OCCURRE	ED 21F, HOW DID INJUR	Y OCCUR?	
		m.	WORK NOT WHILE			
22. I hercby cer	tify that I att	ended the	deceased from 8-1	14-50 1950, to 9.	-22 , 150	, that I last saw the
dcceased alive o	n gray	, 19 20.	and that death occur	red at 4:30Pm., from 1	the causes and on the	
	11. 0	105		1940 Eastern Aven	ue	9-23-50
24A. BURIAL, CREMA TION, REMOVAL (Specify	24B. DATE	/		RY OR CREMATORY 24D. L	OCATION (City, town, o	or county) (State)
Burial	9-26-	-50	Mt. Carmel	Ba	altimore . Md	
DATE RECEIVED BY	REGISTRAR	SIGNATU	RE U	25. FUNERAL DIRECTOR		ADDRESS
EP-2 5 1950"	turting	ton Will	ialle, M. S.	Lilla & Zeiler,	Inc. 403 S.	WolfeStree
VS 150	6		2 -	- FOO. 6 7 c. 6	200	

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630 8176 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8176 Registered No.

ВІ	RTH NO.				
	NAME OF DECEASED Type or Print)	M FLART		2. DATE OF DEATH SERT	23 1950
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If inst	titution: residence before admission)
	FULL NAME OF (If not in hospit	tal or institution, give street address or location			10
	STITUTION	7 in	C. CITY OR TOWN	outside corporate limits	rite RURAL and give (ovaship)
6	41104	man are	Jalin	were 6	
		Yrs.	D. STREET ADDRESS (If	rural, give location)	1
c.	Length of stay in Baltimore	Mos. Days	14/1/ Jun	nan are	
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years I Unde	er I Year If Under 24 Hours
	7	WIDOWED, DIVORCED, (Specify)	may 30 1869	last birthday) Month	s Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of	1 10B. KIND OF BUSINESS OR	11. BIZTHPLACE (State or fo	reign country) 12	CITIZEN OF
	k done during most of working life, even if retired)	INDUSTRY		1	WHAT COUNTRY?
2	Jourselouxe	own home	13900 11	4	1.0.17.
13	B. FETTIER'S NAMED	2 - 21	14. NOTHER'S MAIDEN NA	ME Z	
,	DEO C. CKELL	ima	Hannah	in on	ow
15	5. WAS DECEASED EVER IN U.S. ARME s, no or unknown) (If yes, give war or date		A7. INFORMANT	/, / ADD	KESS /
10	No	SECURITY NO.	more Mimally	ed MHarl	Same
	1001	CAUSE	OF DEATH	2018111	INTERVAL BETWEEN
	18. 422.1			1 1 1	ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA	TH CP.	ebral Vascul	INA HECITON	2 mos.
	(This does not mean the mode heart failure, asthenia, etc. It mea		J. V. V. V. V. J. J. J. V. J.	at it and	
	injury or complication which	caused death.) DUE TO			1000
	ANTECEDENT CAU	SES! TI.J.	stloscleroti	· Cardin	
z		(B) HTY	11020126011	c cardio.	
0	DISEASES OR CONDITIONS,	IF ANY, GIVING	uscylar Dis	Sedce	
A	UNDERLYING CONDITION L	AST.			
0					1 10 56 60
	11	(C)			-
2	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT				
Ü	TO THE DISEASE OR CONDITION				
L	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
4					YES NO
ĕ	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		f in Baltimore City, give	e exact location)
<u>u</u>	(1,5,11,0)				
2	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
•	FINJURY	m. WHILE AT NOT WHILE			
			1049 5	ent 23 10.00	7 . 7 7
	22. I hereby certify that I at	tended the deceased from	, UP, 1911, to	cp8. 23 , 1950	nat I last saw the
		2, 1976, and that death occu		he causes and on the	aate statea above. 23c. DATE SIGNED
	234. SIGNATURE	00 000 00	238. ADDRESS	-Run 1	230. DATE SIGNED
_	al w. 11.11 and	M.D.	10 3 10 Ke w	OCATION (City town or	county) (State)
TI	4A. BURIAL, CREMA- 24F. DATE ON REMOVAL (Specify)	24C. NAME OF CEMET	ER CREMATORY 245.	OCATION (City, town, or	country (State)
	Qurial Desti	600 olldon	Vack .	zera, ma	
	OCAL REGISTRAR	SIGNATURE	25 FUNERAL DIRECTOR	7 . 1 A	DDRESS 1 h
_	CED 25 1050	ator Williams M.	Heury It. Vando	us Amolis 44	as fork 1
-	2FL \ 5 1820.	J.	The state of the s	1	The state of
	VS 150	CONTRACTOR STATE			Ungal
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A THE RESERVE THE TAX OF THE RESERVE THE R Miskey Committee of the The Party Dr. Kammer Africe 501 Sheridan + Yak Ra

	7/62		
В		EALTH DEPARTMENT E OF DEATH Registered No.	11
1. (T	NAME OF DECEASED Ella a. Mc	Duirk 2. DATE. 0/23/50	
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased live). If institution: residence A. STATE B. COUNTY before admission.	ion)
H	FULL NAME OF (If not in hospital or institution, give street address or location assistance) 2 4 So Mount St.		
c.	Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) & &	
1	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9 AGE (in years) if linder Year If linder 24 i	dours lin.
wor	A. USUAL OCCUPATION (Give kind of the deduction of the de	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT SOUNT	RY
	John M Luirk	Catherine a. McLee	
(Ye	5. MAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	me Games & Mc Sure France	2.
	CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Caronary Perlinen a faw m	
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	pertensine Cardio-vacularding Years	
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
DICAL	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY YES NO	-
MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, farm, factory, atreet, office bidg.	in or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
2	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS WHILE AT WORK NOT WHILE AT WORK		
	22. I hereby certify that I attended the deceased from deceased alive on 1950, and that death occu	may, 1947, to 9/23, 1950, that I last saw	

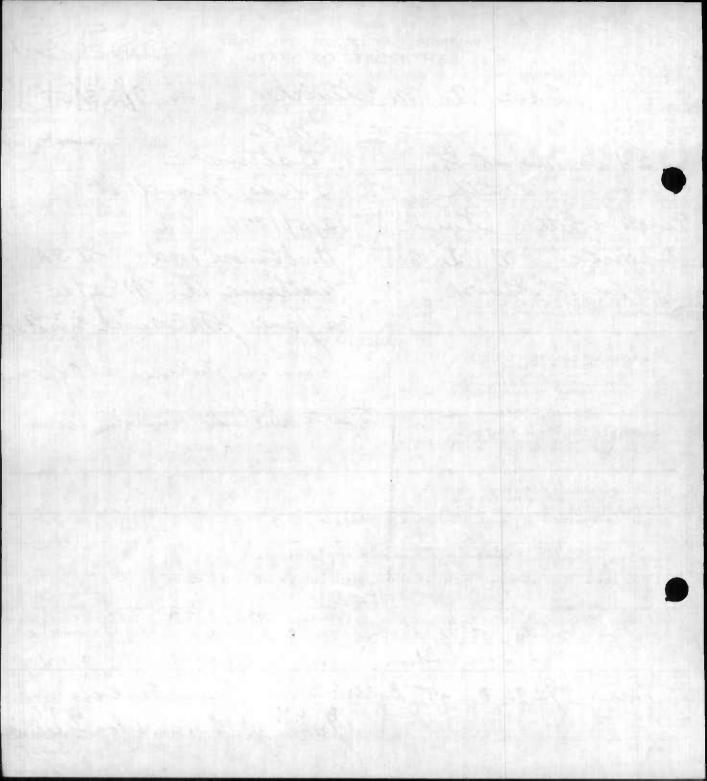
23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED

24A. BURIAL, CREMA-24B. DATE

sutuator Villiams, M.

VS 150

DATE RECEIVED BY



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BALTIMORE CITY HEALTH DEPARTMENT

50 8178

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE september 20 (Type or Print) BER DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION (TO 6 4 SAMARITAN HOME (Jalte 1. medownship) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 9. AGE (In years) If Under 1 Year If Hader 24 Hours AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) male inchesold 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Zaborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknows unkuoroa 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 174INFORMANT ADDRESS (Yes, no or ookoowo) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH ChroNIC MY OCARDITIS AND ONSET AND DEATH DISEASE OR CONDITION DIRECTLY W MYOCARDIAL Degeneration with LEADING TO DEATH (This does not mean the mode of dying, c. g., DUE TO En la regement (hyperetrophy) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) typeRTension AND ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING GeneralizED ARTERIO-DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, Sclereosis 11 OTHER SIGNIFICANT CONDITIONS CON-5YEAR. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION AL MEDIC 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? FID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from October 1, 1979, to Sept. 20, 1950, that I last saw the deceased alive on Sept 19, 1950, and that death occurred at 2.30 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-240. LOCATION (City, town, or county) 24B, DATE TION, REMOVAL (Specify 4-25+50 Turial 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS DATE RECEIVED BY LOCAL REGISTRAR on. a. Jackson - 916

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

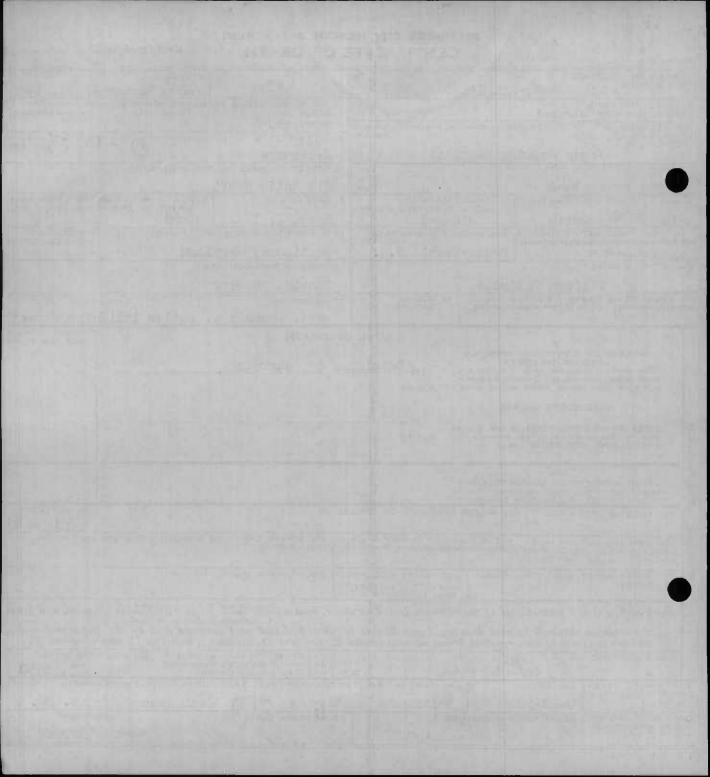
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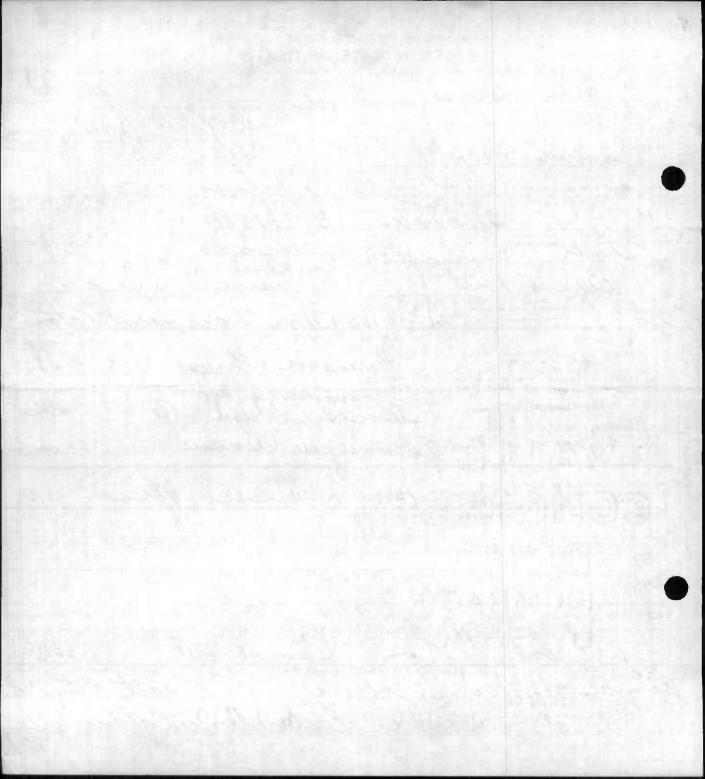
BIRTH NO.			CERTIFICATI	E OF DEATH		registered	110	
1. NAME OF DE					2. 0	DATE		
(Type or Print)	WILLIAM W.	ESKRIDGI	E				cember 24, 1950	
a. Baltimore C	ity, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME O)F ('I not in hospit	on, give street address or location)						
INSTITUTION	Johns Hopki	ns Hospi	tal	Baltimore township)				
	0011110 11001111	Yrs.	D. STREET ADDRESS (If rural, give location)					
noth of st	ay in Baltimore		Mos. Days	819 McKim Court				
	6. COLOR OR RACE		, MARRIED,	8. DATE OF BIRTH	9. A	GE (In years	It Under I Year If Under 24 Hours	
male white widowed (Specify)			March 4, 1882 68 Months Days Hours Min.					
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR				11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
warehouseman Pennsylvania R.R.				Baltimore, Maryland WHAT COUNTRY?				
13. FATHER'S N.		101110/1	7 (312,200 210,200	14. MOTHER'S MA				
	Wilford Esk	irdae		Martha Bussick				
15. WAS DECEASE	EVER IN U. S. ARMED	FORCES?	16, SOCIAL	17. INFORMANT				
Yes, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.		of a T P			
					CIS L. D	deter 19	INTERVAL BEIWEEN	
(This does heart failur injury or DISEASES ORISE TO THE	DE OR CONDITION LEADING TO DEA' not mean the mode of e, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, I E ABOVE CAUSE (A) ING CONDITION LA	TH of dying, e. g ons the disease caused death. SES F ANY, GIVIN- STATING TH	, (A) Carcino	of DEATH	as		ONSET AND DEATH	
TRIBUTING	GNIFICANT CONDI	NOT RELATE	D					
	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA			ATION			20. AUTOPSY?	
	9.1						YES NO X	
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21b. PLACE OF INJURY (e.g., in or obout bome, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH.						, give exact location)		
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK				ED 21F. HOW DID INJURY OCCUR?				
the evid	22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐. 23a. SIGNATURE 23b. CHIEF MEDICAL EXAMINER☒ 23c. DATE SIGNED							
	1981	roh	4 M	.D. MEDICAL INVE	DICAL EXAM	INFR	Sept. 25, 1950	
24A. BURIAL. C TION, REMOVAL (SI burial	REMA- 248. DATE Decify) 9-28-50	2	Ac. NAME OF CEMETE Baltimore Cen	RY OR CREMATORY	24b. LOCAT	ON (City, town Avenue	m - 1 1/1	
DATE RECEIVED	BY REGISTRAR	S SIGNATU		25. KUNERAL DIR		1	ADDRESS	
LOCAL REGISTE	DAD	1- 18/11:		12/1	11/	· 012 1/1	6 00011	

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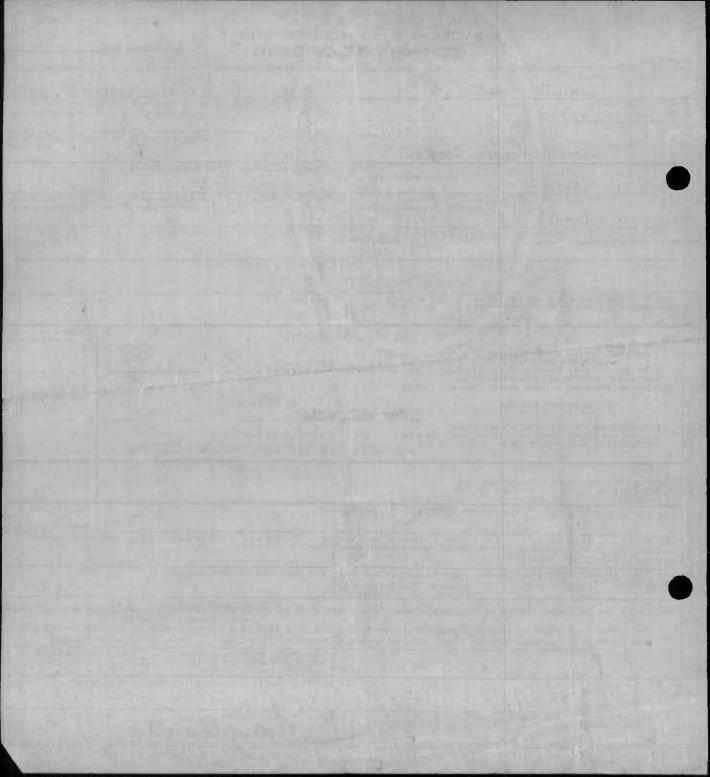
CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH B. COUNTY 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital of institution, give street address or HOSPITAL OR outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. unes c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGUE, MARRIED 8. DATE OF BIRTH If Under | Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last biethday) Months: Days Hours! Min. Lanned 10A. USUAL DCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BINTHPEACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, peop ynknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, poor unknown) SECURITY NO 18. 62X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 3 + mbulho OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES X NO 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE ATT 19 50 and thest death occurred at 80, 1950, 9-23 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from 4/14 23 deceased alive on 1 _m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 9-24-1 24A. BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B. DATE (State) surval DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 564 24



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8181

BII	RTH NO. 5	0 813	CERTIFICATI	E OF DEATH	Registered	No.
	NAME OF D		187.6.50		2. DATE	
	PLACE OF D	BENJAMIN EATH:	WARD	4. USUAL RESIDENCE (DEATH Sept	ember 18, 1950
-	Baltimore (City, Maryland	al or institution, give street address or	A. STATE	B. COUNTY	before admission
HO	SPITAL OR	OF 1.1 HOT III WORDIE	location)		f outside corporate im	its, Write RURAL and give
4	3111011014	Maryland G	eneral Hospital	Baltimore	11-	township
			Yrs. Mos.	D. STREET ADDRESS (If		
6	ength of s	tay in Baltimore	Days 1 7. SINGLE, MARRIED.	550 Oxford Str	9. AGE (ln years)	II Under 1 Year II Under 24 Hours
	ale	colored	WIDOWED, DIVORCED (Specify)	II	last birthday) N	fonths Days Hours Min.
10/	. USUAL OC	CUPATION (Give kind of	10利 KIND OF BUSINESS OR	1 NBIRTHPLACE (State or 1		1 12. CITIZEN OF
work	done during most o	of working life, even if retired)	K INDUSTRY	K		WHAT COUNTRY
13.	FATHER'S	NAME	N	14. MOTHER'S MAIDEN N	IAME	1
			0	0		
15. (You,	WAS DECEASI	ED EVER IN U. S. ARMEI (If you, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			N_	N		
	18. 43	4.3	CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION	711	0.1		
	heart failt	s not mean the mode oure, asthenia, etc. It mes	of dying, e. g., (A) FULLMONS, ins the disease,	ry fibrosis	***************************	***************************************
	injury or	complication which	caused death.) DUE TO			
		ANTECEDENT CAUS	ses (B) Cor pul	monale		
2		S OR CONDITIONS, I	F ANY, GIVING	cardial failure		***************************************
Ě		YING CONDITION LA		passive congesti	ion of liver	
ERTIFICATION		11				
E		SIGNIFICANT CONDI				
	TO THE D	ISEASE OR CONDITION	CAUSING IT.			
0	19A. DATE C	of OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION		YES NO
CAL	21A. EXTERI	NAL CAUSE WAS	218. PLACE OF INJURY (e.g., i		If in Baltimore City,	
	UNDERLYIN	G OR CONTRIB-		etc.) INJURY OCCUR?		
Σ-		(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	F INJURY		m. WHILE AT NOT WHILE			
	22. I certi	fy that I took char	ge of the remains described of		TOPSY	thereon and from
	the ev	idence obtained by	said Autopsy, Inspection or I	Inquiry, find that said a	Inspection or Inquiry leccased died on t	the day stated above
	end de	eath in my opinion	resulted from: natural causes	3 🔼, accident 🗌, suicide	, homicide ,	undetermined [].
	23A. SIGNA	00 1/~		23B. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER	Sept. 18, 1950
2.4	A. BURIAL.	CREMA- 248. DATE	MAC. NAME OF CEMETE	RY OR CREMATORY 240.	OCATION (City, tow	
TIO	N. REMOVAL (pecify) 9/29	150 MG. (A	love l	day te	es nice.
DA	TE RECEIVE		SIGNATURE	25 FUNERAL DIRECTOR	1-11	ADDRESS
EL	25	NAR .	V. Whienes M.	W. Space	lead -	9/5-/
VS	151			1 auch	Hel)	ane,
				-	.01	1142



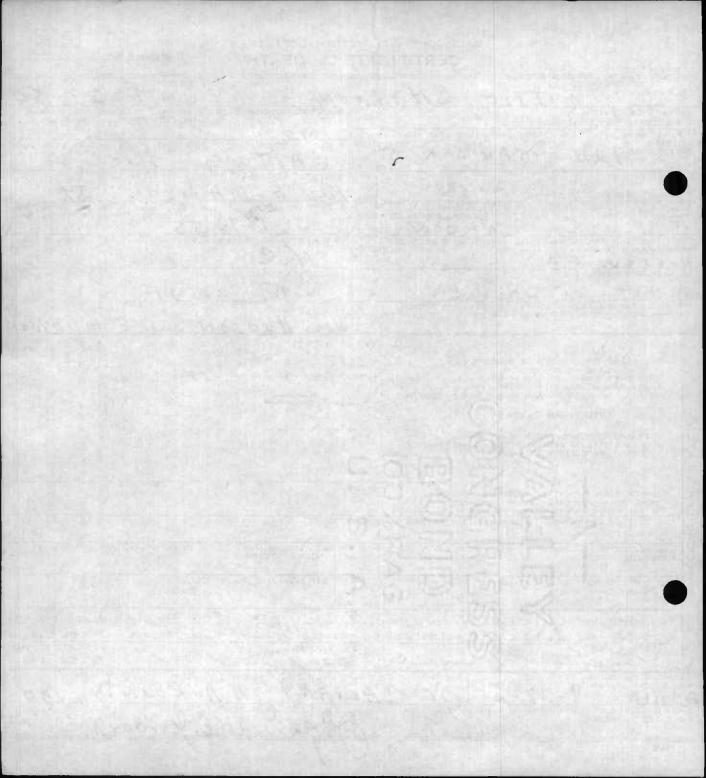
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BIRTH NO.

CERTIFICATE OF DEATH

50	8132
 Registered No.	47 11

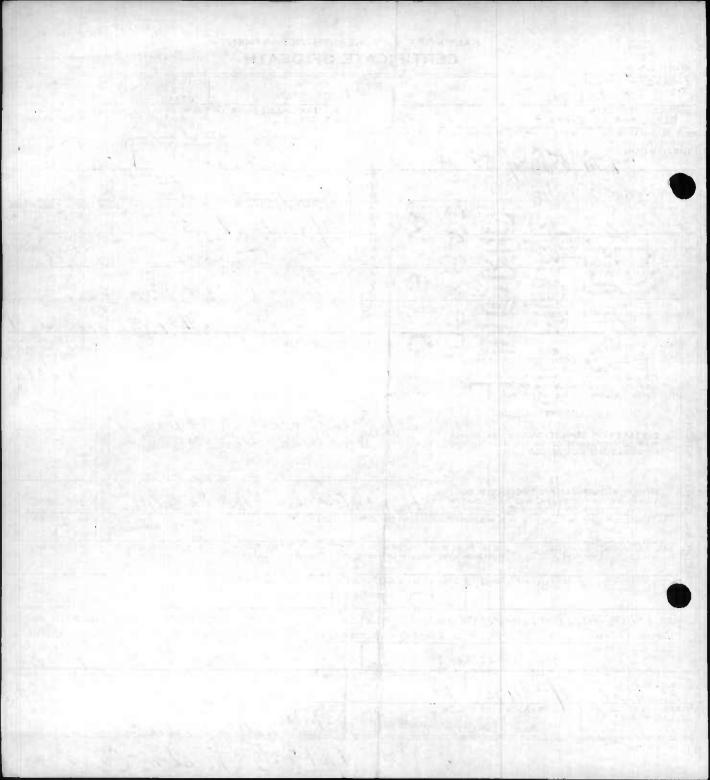
	NAME OF DECEASED : TTLE SHANN	ON	2. DATE 9 -	73-50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (WI		stitution: residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address of	Mo		
	OSPITAL OR STITUTION / 211 E.M A dison ST.	C. CITY OR TOWN (If o	outside corporate limits,	write RURAL and give township)
0	Yrs.	o, STREET ADDRESS (If r	ural, give location)	
c.	Length of stay in Baltimore 20 XRS. Mos. Days	1211 5 400	4,50N	.57.
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify		AGE (In years 16 U	nder 1 Year H Under 24 Hours Hours Min.
10	A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	55	2. CITIZEN OF
wor	done during most of working life, even if retired) INDUSTRY		eigh country)	WHAT COUNTRY?
7	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	5
1	MUST, SORWILL	CATAR	D. N/ F	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	AD:	DRESS , 15
, ,	SECURITY NO.	Wm. Hudson	N 1211 E.	MADISON
	18. 174X CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		.0	7
	(This does not mean the mode of dying, e.g., (A)	mana	of	
	injury or complication which caused death.) OUE TO	ateris		
7	ANTECEDENT CAUSES			
HOL	DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************		
CAT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
FIG	_ (C)			
RTI	OTHER SIGNIFICANT CONDITIONS CON-			
CERT	TRIBUTING TO THE DEATH, BUT NOT RELATEO TO THE DISEASE OR CONDITION CAUSING IT.			***************************************
۲	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (6. g.,		in Baltimore City, gi	ve exact location)
	HOMICIDE (Specify) about bome, farm, factory, street, office bldg.			
Σ	10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
-	INJURY WHILE AT NOT WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from	9- 2 1950, to 9	- 2 3 , 1953	that I last saw the
	deceased alive on 9.23, 1950, and that death occu	rred at 22 m., from th		date stated above.
	23A SIGNATURE	23B. ADDRESS	? Hee	9-25-50.
2.	M. O. 4A, BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMET	ERY OR CREMATORY 24D. LC	CATION (City, town, o	
K	IN RIA (Specify) 9-27-50 MTs CA	LVARY A.A	1. COUNT	y, md
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	20.	ADDRESS
	OCAL REGISTRAR	Joseph B. Tous	6, X1304	n. Cented On
S	FP'25'950	//	1	0481



	50	8183	BALT		EALTH DEPART	MENT	N7.
BIF	RTH NO.			CERTIFICAT	E OF DEATI	- Registered	No.
1. (Ty	NAME OF Dipe or Print)	FLORE	NCE	D	1665	2. DATE Se	stember 22
3. I	PLACE OF DI Baltimore C	EATH: City, Maryland	Bali	timine	4. USUAL RESIDE	NCE (Where deceased lived,	
B. F	SPITAL OR	OF (If not in hosp	ital or institution	n, give street address of location		(If outside corporate la	ith, write R RAL and give
6	0 27	Tood DAV	45/	HOME	Ball	erior !	township)
	ength of st	tay in Baltimore	Le	Yrs. Mos.	1 - 11/	SS (If rural, give location)	CX
5, :	SEX	6. COLOR OR RACI	7. SINGLE.	MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
7	Emale	Col	WIDOWE	D. DIVORCED (Specif	11/27/18	199 So	donths Days Hours Min.
	done during most o	CUPATION (Give kinds) working life, even if retire		OF BUSINESS OR INDUSTR		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S N	IAME	177000	se work	14. MOTHER'S MA	IDEN-NAME	14.5.4.
	Wel	lean	Dug	95	anne	1 Hughes	
15. (Yes,	WAS DECEASE no or onknowo)	D EVER IN U. S. ARM (If yee, give war or de	ED FORCES?	6. SOCIAL SECURITY NO.	17 INFORMANT	107 %	ADDRESS
T	18. 41L	34	BULY C	CAUSE	OF DEATH	790 4-16.	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		0	1 1 11		ONSET AND DEATH
	(This does	not mean the mode	of dying, e. g.,	. Cep	e BRAL /t	emoreh 4ge	4 JAYS
		re, asthenia, etc. It m complication which			eft hemin	otegin	
		ANTECEDENT CAL	JSES	11.	a to sin	Candia	-
		S OR CONDITIONS,		(B)	ASW/AR	CARDIO- Disease	
CA		ING CONDITION			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
느		11		(C)			
ER	TRIBUTING	IGNIFICANT CON	T NOT RELATED	14.1004	ot ronhic	Anthritis	YEARS
U.		F OPERATION	19B, MAJOR		RATION	P. J. L. L. Land M. S. C. Land Land	20. AUTOPSY?
A		0					YES NO Z
EDICA	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		E OF INJURY (e. g., m,factory,street,office bldg			, give exact location)
Σ	210. TIME (Month) (Day) (Yea	r) (Hour) 2	1E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?	
	F INJURY		Wi	HILE AT NOT WHILE			
	22. I hereb	y certify that I a	ttended the d	leceased from Se	pT. 5 , 195	, to Sept. 22, 19	
	deceased al	ive on Sept. 2	, 19 50 a	nd that death occi	urred at 4.30 Am.,	from the causes and on	the date stated above.
	23A. SIGNAT	TURE D.	Brile	M M. D.	232 ADDRESS (W	. Fagethe of	23c. DATE SIGNED
24	A. BURIAL, C	REMA- 24B. DATE	12.		ERY OR CREMATORY	240. ECCATION (City, tow	n, or county) (State)
-	Suria	1 9/20	11950	Measar	it Nest	Dowson	md
	TE RECEIVE		R'S SIGNATUR	TIE Q NE	25. FUNERAL DIR	ECOR	ADDRESS

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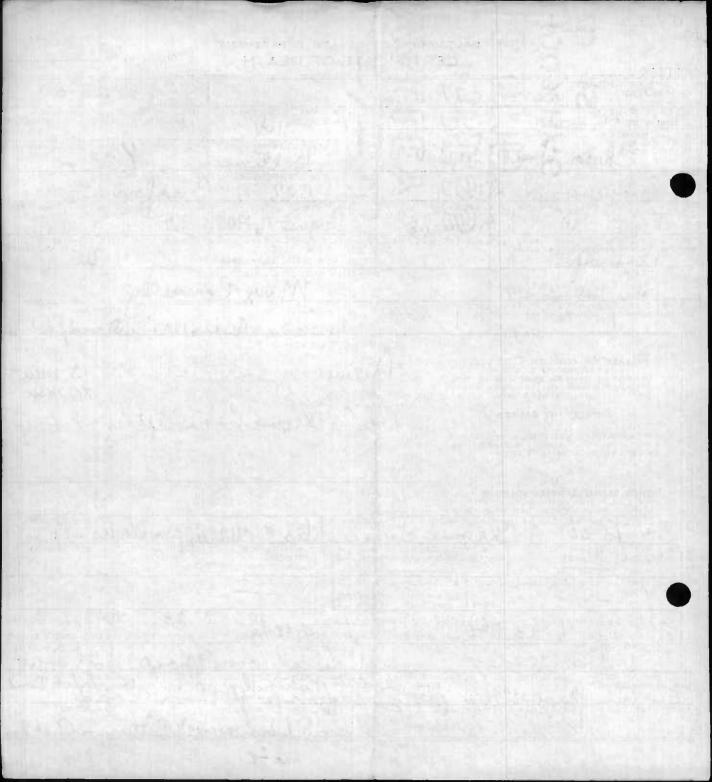
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 2404

В	RTH NO.	CERTIFICATI	- OI BEATTI		
	NAME OF DECEASED ESTER	LLRH RIESS.		OF DEATH	23-50
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution; residence before admission)
H	FULL NAME OF (If not in hospital ospital or istitution)	or institution, give street address or location)	c. CITYOR TOWN (If	outside corporate Moits	write RURAL and give township)
	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 1	rural, give location)	At.
5.	F 6. COLOR OR RACE 7	V. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Quant 4, 1903	9. AGE (In tears line last birthday) Mor	Under 1 Year If Under 24 Hours this Days Hours Min.
1 C worl	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BISTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME TO COMBBELL		14. MOTHER'S MAIDEN NA	onnelly.	
15 (Ye	s. WAS DECEASED EVER IN U(S. ARMED F s, no or naknown) (If yes, give war or dates of	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	- A	DRESS
	DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of	RECTLY	of death	Dism.	inter at Between onset and Death
	heart failure, asthenia, etc. It means injury or complication which cau	the disease, sed death.) DUE TO	100	4 1	10 min.
ATION	ANTECEDENT CAUSE: DISEASES OR CONDITIONS, IF / RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST	ANY, GIVING	to thromba	risleptle	9 toy
ERTIFICATIO	II OTHER SIGNIFICANT CONDITI	And you have been a second to the second			
CEF	TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C	OT RELATED CAUSING IT.			
SAL	9-13-50 3 198	MAJOR FINDINGS OF OPER	estilis & chr.	appendicit	YES NO
MEDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., ir bout home, farm, factory, street, office bldg., e	21c. WHERE DID (II	f in Baltimore City, gi	ive exact location)
-	21D. TIME (Month) (Day) (Year) (F	four) 21E. INJURY OCCURRE MHILE AT NOT WHILE WORK AT WORK		OCCUR?	
	22. I hereby certify that I after deceased alive on 9-23	aded the deceased from G- 1950, and that death occur	12- 1950, to	7-23,1950	Sthat I last saw the
	Jeune Jeune	Lg M. D. C	Se DDRESS / Ome	9/torp.	23c. DATE SIGNED
2	Rurial Specify Sent 21	1950 Land OF COMETE	MALONAL PAD. LO	PORTION (GR), town,	edylch Rose
L	ATE RECEIVED BY REGISTRAR'S		Les Lambers	-05h Patters	ADDRESS Park In
Argo and	VS 150		JANUA MARKATA		21.0
				/	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE Sept. 20, 1950 (Type or Print) JAMES OLIVER WATERS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital C. CITY OR TOWN (If outside corporate limits, write RUBAL and give INSTITUTION Raltimore Wyman Pk. Drive & 31st St. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 661 W. Mulberry Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) 4/28/91 separated col 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) Rukert Terminals WHAT COUNTRY? Marvland Stevedore TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Waters Emma Queen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onknowo) Records- US Marine Hospi tal, Balto, Md. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of left lung with Unknown (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, metastasis to liver injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE

BURIAL, CREMA / 248. DATE

22. I hereby certify that I attended the deceased from Aug. 16, 1950, to Sept. 20, 1950, that I last saw the deceased alive on Sept. 20, 1950, and that death occurred at 12:10Pm., from the causes and on the date stated above. 1950 to Sept . 20 , 19 50 that I last saw the

23A. SIGNATURE John L. Wilson, Medical Director

23B. ADDRESS US Marine Hospital, Balto, Md.

240 LOCATION Wity, town, or county

23c. DATE SIGNED

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

VS 150

LOCAL REGISTRAR

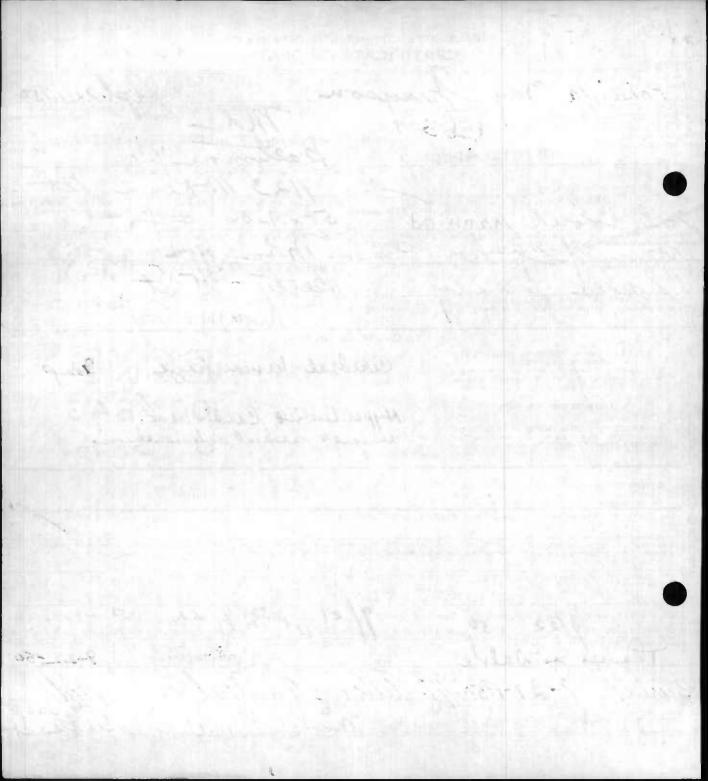
24c. NAME OF PEMETERY

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Registered	No		
2. DATE OF DEATH ere deceased lived. If B. COUNTY			
uteide corporate imi	ks, write I	84	nd give
ral, give location)	, ,	21	-
9. AGE (In years last birthday) M	if Under 1 Yea onths Da		r 24 Hours Min.
eign country)		IZEN O	
Sest			
	DDRESS		
KINS HOSPITAL		130	-33

_	1 riscilla lan ranco	1	DEATH CALL
	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (WE	ere deceased lived. If institution: residence B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		
	METITITION	CETTOR TOWN	utside corporate limits, write RURAL and give
_	23 IONAS MOPKINS HOSPITAL	Pallins	2 10
	Yrs. Mos.	D. STREET ADDRESS AF TI	aral, give location)
C	igth of stay in Baltimore Days	1/23 111	Tean M
1/1	mile Colored MAPINORCED (Specify)	5-29-06	9! AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min.
wor!	DA. USUAL OCCUPATION Give kind of 10B. KIND OF BUSINESS OR k done during most of working life, wen if retired	11. BIRTHPLACE (State or for	
	nonserve e	Ina	WHAT COUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME
	Charles Volgey	Betty 1	Vent
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
()	se, no nr unknnwn) (If yes, give war nr dates nf service) / SECURITY NO.	HOMES ROLL	KINS HOSPITEL
	18. 443 . CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	Iral heman	well Idays
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
			Action to Make the Call Control
z	(B) Hype	Murine Carde	is vere.
9	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO ALL	Musice Carl	List Grant
A	UNDERLYING CONDITION LAST.	M+ Country ou	and saure
H	(0)		
RTI	OTHER SIGNIFICANT CONDITIONS CON-		
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED		
U	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
AL	7		YES NO
EDICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., i		in Baltimore City, give exact location)
	LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., cause of Death	otc.) INJURY OCCUR?	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?
	INJURY WHILE AT NOT WHILE		
	m. work at work	12/ 1017.01	7 2 10 17
	22. I hereby certify that I attended the deceased from deceased alive on 122 19 and that death occur	2 1958, to 9	22, 195, that I last saw the
		3B. ADDRESS	causes and on the date stated above.
	Thomas I Walde M.O.	LANDS HOPELL	S MOSTOTER 9-22-50
24	4A. BURIAL, CREMA- 24B DATE 246 NAME OF COMETE	AY OR CREMATORY 249 LO	CATION (City, town, or county) (State)
9	phy, REMOVAL (Specify) 9-97-1950 9/17.	us as Che Asa	lo. Mid
	ATE RECEIVED BY REGISTRAN'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS 2
LC	SEP 25 1050 tutties for Villages M.	my xx D. A	8.1 3228
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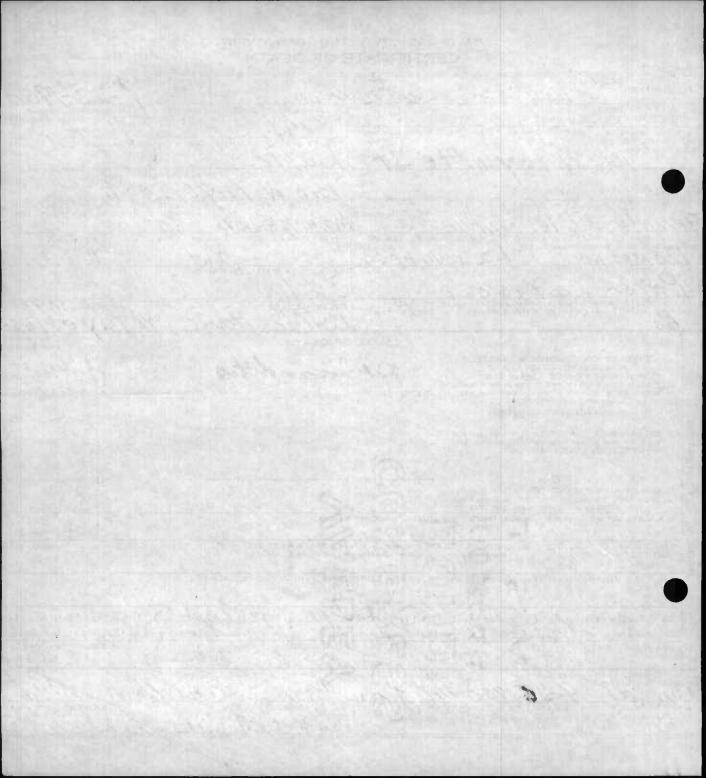




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Registered No.

BI	RTH NO.	CLIVIII ICATL	OI DLAIII	
	NAME OF DECEASED LOWIS	sa Latar	OF DEATH	9-93-1950
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased line A. STATE) B. COUNT	
H	FULL NAME OF (If not in hospital OSPITAL OR STITUTION)	or institution, give street address or location)	c. CITY OR TOWN (If outside corporate	Pinite, wire RCD L and give township)
c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location	84
5.	SEX 6. COLOR OR RACE TO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in year last dirthda)	ms H Under I Year H Under 24 Hours Hours Hours Min.
	A. USUAL OCCUPATION (Give kind of a gooduring most of working life, even if retired)	108. WIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	Perop la 72	1/42/6	14. MOTHER'S MAIDEN NAME	1 707003.
15 (Yes	WAS DECEASED EVER IN U. S. ARMED F., 100 or unknown) (If yee, give war or dates of	FORCES? 16. SOCIAL SECURITY NO.	Bealier House W	ADDRESS 1016 72 V @ + fe 8 +
	18. 432X		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which can	dying, e. g., s the disease,	in ditis acut	Supple will
7	ANTECEDENT CAUSE			
ICATION	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST	STATING THE DUE TO		
CERTIF	OTHER SIGNIFICANT CONDITI TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION O	OT RELATED		
		B. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et		City, give exact location)
2	OD. TIME (Month) (Day) (Year) (I	Hour) 21E. INJURY OCCURRE MHILE AT NOT WHILE MORK AT WORK	21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that Latter deceased alive on	nded the deceased from	red at 3 Am., from the eauses and	19.1, that I last saw the
į	23a. SIGNATURE		B. ADDRESS And how ox	23C. DATE SIGNED
	4A. BURIAL, CREMA- 24B. DATE DV. REMOVAL (Speedry)	1950 MIL SIAN	RY OR CREMATORY 240. LOCATION (City,	town, or country)
	ATE RECEIVED BY REGISTRAR'S		25. HUNERAL DIRECTOR	ADDRESS 322 N
	VS 150			0904



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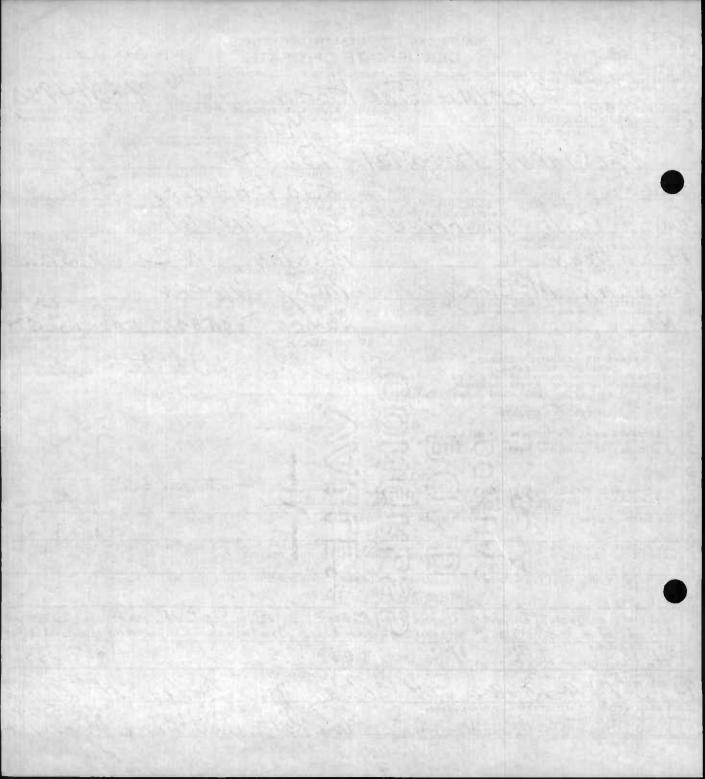
Registered No. 8183

BI	RTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF DECEASED 7/01/	iva Jac	KSON	2. DATE OF DEATH	91-1950
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
HC	FULL NAME OF (If not in hospital or insti	tution, give street address or location		If outside corporate binats, v	vrite RUIAL and give lownship)
	D. C. C. D. W.	Yrs. Mos.	1000 121.	f rural, give location)	×
		Days GLE, MARRIED,	8. DATE OF BIRTH	9. AGE Un years It Und	der 1 Year II Under 24 Hours
76	Ma/8 (0/. Me	OWED, DIVORCED Specify	DU/Y 1919	3/	ns Days Hours Min.
	A. USUAL OCCUPATION (Give kind of 10B. KI done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTAPLACE (State or	foreign country) 12	WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	NION.
4	UNCON MC/e	àN .	Mary Ju	LOON	
Yes (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES no or unknown) (If yee, give war or dates of service)	16. SOCIAL SECURITY NO.	James Jaco	KRON BAR	HESS 830
	18. 724X	CAUSE	OF DEATH		INTERVAL BETWEEN
	BISEASE OR CONDITION DIRECTI	. 9	1.1.	11/11	11-6
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de	sease,	Jucions,		- Commission
	ANTECEDENT CAUSES				
CATION	DISEASES OR CONDITIONS, IF ANY, GIRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
Ĕ	n and a second	(C)			
CERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATLO A	Anemia, mo	Unutulia	anknown
		OR FINDINGS OF OPE	RATION		YES NO
MEDICAL	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. F about hor	PLACE OF INJURY (e. g., me, furm, factory, street, office bldg.,		(If in Baltimore City, give	e exact location)
2	ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		Y OCCUR?	
	m	WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I attended t deceased alive on Sept 20, 19 50		1 9 , 1950, to S		that I last saw the
	deceased alive on 30, 19 30, 19 30, 23A, SIGNATURE		23B. ADDRESS	the causes and on the	23c. DATE SIGNED
8	A. BURIAL, CREMA- 24B. DATE B. REMOVAL (Specify)	246 NAME OF COMETE	ERY OR CREMATORY 24D.	LOCATION (Dity, town, or	
<u>Z</u>	TE RECEIVED BY REGISTRAR'S SIGNA	SIMP Car	Vary Cm	early N	DDRESS -
L	CAL REGISTRAR	1.75 0 1	mode Note Ch	Philliam .	lely 322 Ne
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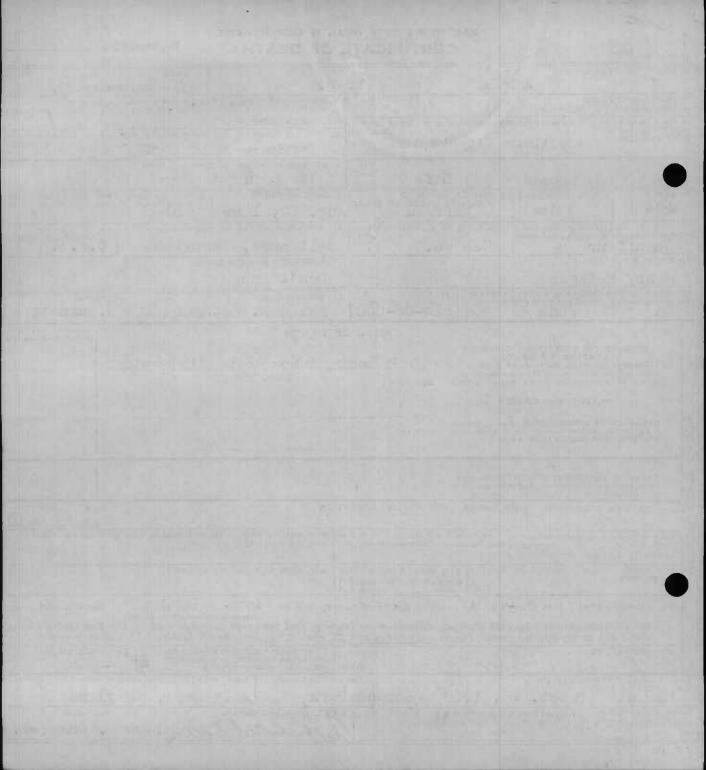
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B	8189 IRTH NO.		BAI			E OF DEATI		Register	ed No.	8.	183
1.	NAME OF DECEAS		THUR		MET	ZGER		2. DATE OF DEATH Sep	tember	r 23.	1950
B. H	OSPITAL OR	Maryland Of not in hospit			location)	4. USUAL RESIDE A. STATE Maryland C. CITY OR TOWN			d. If institu	before a	dence dmission
	ISTITUTION	Baltimon	re City	Hospital	Yrs.	Baltimor D. STREET ADDRE	е	-		t	ownship
d	ngth of stay in			Life	Mos. Days	124 % B	urnett	Street			
5.	Male 6.CO	White	MIDON	E. MARRIED. VED. DIVORCED BITILED	(Specify)	Aug. 25, 1	899	9. AGE (In years last birthday)	Months	Year If Un Days Hou	der 24 Hours rs: Min.
wor	chauffeur FATHER'S NAME	FION (Give kind of g life, even if retired)	Cab	CO.	S OR DUSTRY	Baltimore 14. MOTHER'S MAI	, Ma	ryland	TT V	THE CONTRACT	
	Henry Meta					Don't kn	.ow				
(Ye	NO NO	None	FORCES?	214-03-	Y0087	Marie M.	Metz	ger 12	ADDRE 4 N.B		tt 5
FICATION	(This does not n heart failure, asth injury or compl	cenia, etc. It mea ication which of CEDENT CAUS CONDITIONS, III	TH If dying, e. 1 ns the diseas aused death ES FANY, GIVIN STATING TH	e, .) DUE TO (B)	ulmon	ary tubercul hemor		ith termi		NSET ANI	DEATP
CERTIF	OTHER SIGNIF TRIBUTING TO THE TO THE DISEASE	OR CONDITION	NOT RELATE CAUSING I	D T	- 0050			,			
	19A. DATE OF OPE	RATION	B. MAJOR	FINDINGS OF	OPER	ATION				YES T	NO X
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							on)			
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK										
	22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and f Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated ab and death in my opinion resulted from: natural eauses ⋈, accident ⋈, suicide ⋈, homicide ⋈, undetermined ⋈. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ☑ 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER ☑ 23C. DATE SIGNED						above,				
	A. BURIAL CREMA- DN, REMOVAL (Specify) BUTIAL		6, 19	~	EMETE	D. MEDICAL INVE	24D. LOC			nty)	(State)
	ATE RECEIVED BY DCAL REGISTRAR	REGISTRAR	SIGNATU	REU.		25 FUNERAL DIRE	ETOR	MM 1400	ADD	RESS Chas	1/2
00	OFME	100			/	1/10 au	a ol	MNs 140	0 00	Cha:	



		ALTH DEPARTMENT E OF DEATH	Segistered No.	8180
7	OL	IVER	OF Septemb	per 24, 1950
dorinstitution	n, give street address or location)	A. USUAL RESIDENCE (WA. STATE Maryland C. CITY OR TOWN (If Baltimore	where deceased lived. If inst B. COUNTY outside corporate amits, w	bei fre admission
	Yrs. Mos. Days	D. STREET ADDRESS (IF 1850 W. Pratt		
si	D, DIVORCED (Specify) Ingle OF BUSINESS OR INDUSTRY	Feb. 4, 1905 11. BIRTHPLACE (State or for Mineral, Virg. 14. MOTHER'S MAIDEN NA IVA Brooks	last birthday) Month 45 preign country) 12	T I Year It Under 24 How S Days Hours Min
FORCES? of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Joseph Stann	1850 W. Pratt	RESS St.
DIRECTLY H I dying, c. g., as the disease, aused death.) ES ANY, GIVING STATING THE ST.	(A) Acite a			INTERVAL BETWEE
B. MAJOR F	FINDINGS OF OPERA	ATION		20. AUTOPSY?

DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA

DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode o heart failure, asthenia, etc. It mean injury or complication which c

NAME OF DECEASED

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF

HENR'

('f not in hospita

Franklin

6. COLOR OR RACE

White

ngth of stay in Baltimore

Henry C. Oliver 15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chemistry 13. FATHER'S NAME

(Type or Print)

HOSPITAL OR INSTITUTION

5. SEX

Male

(Yes, no or unknown)

RTIFICATION

CE

EDICAL

18. 322.0

OTHER SIGNIFICANT CONDI TRIBUTING TO THE OEATH, BUT

none

TO THE DISEASE OR CONDITION

ANTECEDENT CAUS

19A. DATE OF OPERATION

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-UTING [] CAUSE OF DEATH.

INJURY

23A. SIGNATURE

24A BURIAL CREMA-TION REMOVAL (Specify)

TE RECEIVED BY

LOCAL REGISTRAR

2 10. TIME (Month) (Day) (Year) (Hour)

24B, DATE

22. I certify that I took charge of the remains described above, held an

REGISTRAR'S SIGNATURE

WHILE ATT

WORK L

24C. NAME OF CEMETERY OR CREMATORY

NOT WHILE!

AT WORK

21E. INJURY OCCURRED

MEDICAL INVESTIGATOR.

21c. WHERE DID

INJURY OCCUR?

Insp. & Inquiry Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

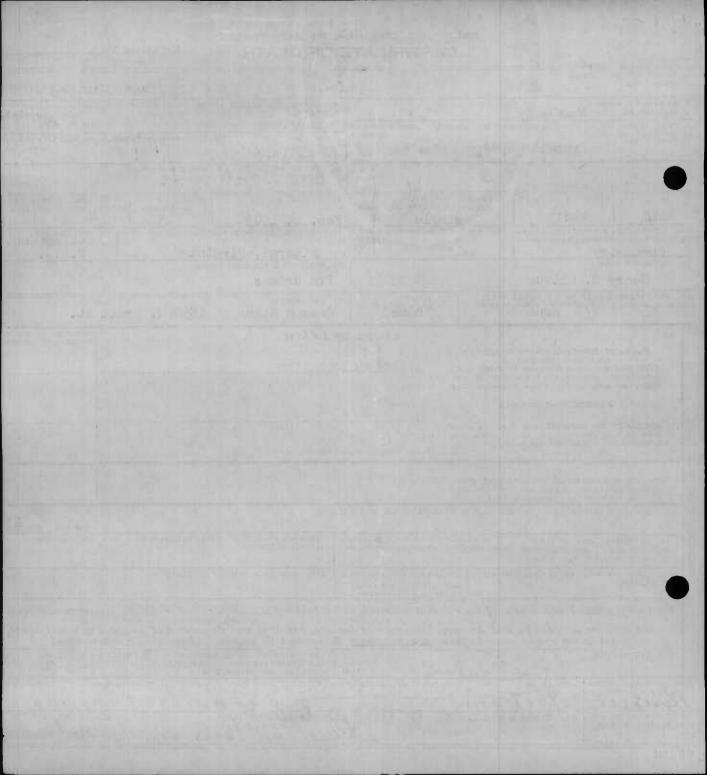
21F. HOW DID INJURY OCCUR?

23c. DATE SIGNED 9-25-50 24D. LOCATION (City, town, or county)

thereon and from

5 1950

(If in Baltimore City, give exact location)

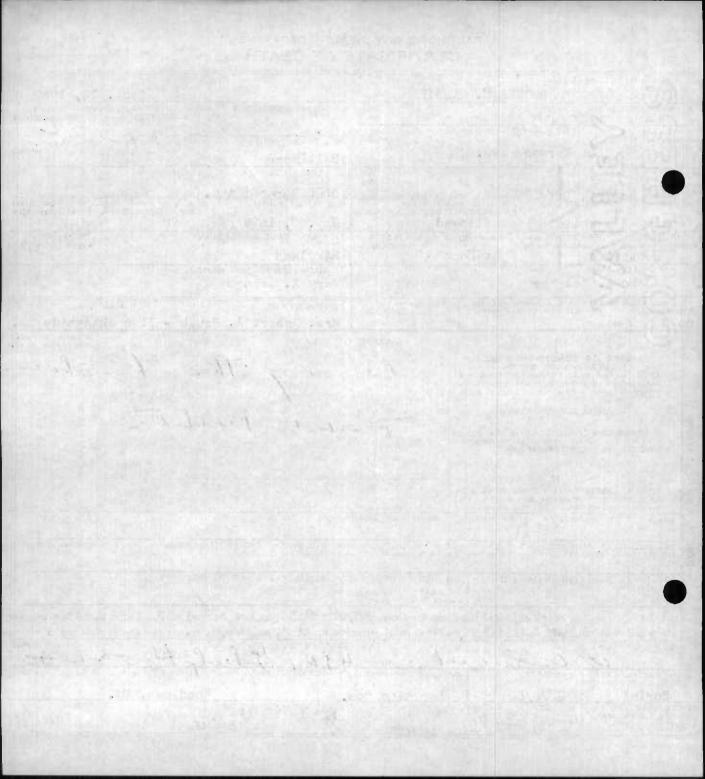


5 14 50 8191

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8191

BIRTH NO.	>		OLIVINI TOATI	- OI DEATH			
I. NAME OF D	ECEASED				2. DATE		
Type or rrint)	BERT	HA M. C	AMBILL	DEATH Sept. 23, 1950			
B. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	If institution: residence before admission)	
		al or institut	ion, give street address or	Md.	5. 000111	berong administration	
NSTITUTION			location)		If outside corporate in	its, write RURAL and give	
NSTITUTION	5505 Norwood	Ave.		Baltimore township)			
			Yrs.	D. STREET ADDRESS ()	f rural, give location)		
e. higth of s	tay in Raltimore		Mos.	EFOE Warmend A			
Days II				5505 Norwood Av	9. AGE (in years)	If Under 1 Year If Under 24 Hours	
female white widowed (Specify)			Nov. 7, 1879	last hirthday)	Months Days Hours Min.		
	CUPATION (Give kind of		OF BUSINESS OR			12 CITIZEN OF	
ork done during most o	of working life, even if retired)		INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:			
Housev		At Ho	me	Maryland			
3. FATHER'S	A. Meagher			14. MOTHER'S MAIDEN	NAME		
101111	w. meagner			Mary K. Schott			
15. WAS DECEASE (es, no or unknown)	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
10			SECONIT NO.	Mrs. Robert J.	Roush - 1165	Shadyside Rd.	
18. 260	*		CAUSE	OF DEATH		INTERVAL BETWEEN	
	SE OR CONDITION	DIRECTLY		0. 527	~ 0	ONSET AND DEATH	
	LEADING TO DEA	TH	Par	(12 - CA) 200 F	Franciske.	2 charse	
heart failu	does not mean the mode of dying, e.g., (A)						
injury or	injury or complication which caused death.) OUE TO						
	ANTECEDENT CAUSES						
DISEASE	DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO T	HE ABOVE CAUSE (A)	STATING T					
UNDERL	YING CONDITION LA	AST.					
			(C)				
OTHER	II SIGNIFICANT COND	ITIONS COL	M -				
TRIBUTING	TO THE OEATH, BUT	NOT RELAT	FD				
	F OPERATION 1		FINDINGS OF OPER		····	20. AUTOPSY?	
	0					YES NO	
	NT. SUICIDE.	218. PL/	ACE OF INJURY (e.g., i	n or 21c. WHERE DID	(If in Baltimore City	, give exact location)	
HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg., e	tc.) INJURY OCCUR?			
21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUI	RY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE					0		
		m.	WORK AT WORK				
22. I hereby certify that I attended the deceased from Syot 23, 1900, to						do, that I last saw th	
deeeased a	live on Por 23	_, 1950	and that death occur	red at 3 P.m., from	the causes and on	the date stated above	
23A. SIGNA	100	-5		38. ADDRESS	D d. L	23c. DATE SIGNED	
	11-:1	peterd	131 41	4907 Tels	ally the	18-100	
ION, REMOVAL (S			24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, tow	n, or county) (State)	
Burial	9/26/5	0	Lorraine Cen		Woodlawn, N	id.	
DATE RECEIVE	D BY REGISTRAR			25 FUNERAL DIRECTOR		ADDRESS AAA I	
SEP REGIST	4711177 william *1	Li Kris	. 0 4	6 m. F. Sin	lever & House	= /aalto ///a	
	Sool successor	TANA TANA	CALLE AND	7 700	7,707	V	
VS 150	10			C.		2610	



=	CERTIFICAT	EALTH DEPARTMENT E OF DEATH Registered	50 8192				
	NAME OF DECEASED Print ELIZABETH RADER MARTINDAL	E 2. DATE OF DEATH 9	23/50				
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	f institution; residence before admission)				
H	FULL NAME OF (If not in hospital or institution, give street address or location STITUTION						
-	5 Hanes HaspITAL	BALTIMORE 1	township)				
c.	hgth of stay in Baltimore Yrs. Mos. Bays	D. STREET ADDRESS (If rural, give location) 4647 Rokeby	Pp.				
	SEX 6. COLOR OR RACE 7. SINCLE, MARRIED, WIDOWED SPECIF	12/13/1909 40	if Under 1 Year If Under 24 Hours Onths Days Hours Min.				
worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of lob. KIND OCCUPATION (Give kind of lob.	11. EARTHPLACE (State or foreign country) MARY IAND	12. CITIZEN OF WHAT COUNTRY				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL OO OT UNENOWD) (If you, give war or dates of service) SECURITY NO	KosaT. Taylor	ADDRESS				
-	(If yes, give war or dates of service) SECURITY NO.	Mr. Wilbur L. Martindale 464					
7	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	OF DEATH OKEMIC LEVICEMIA ONDARY ANGMIA	INTERVAL BETWEEN ONSET AND DEATH				
CERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	CITES + Hepatomegal	X				
CERTIF	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID INJURY OCCUR? INJURY OCCUR?						
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from G/13, 1950, to 9/23, 1950, that I last saw th						
		rred at 2 3/4 m., from the causes and on to	the date stated above. 23c. GATE SIGNED 9/13/50				
TIC	A. BURIAL. CREMA 24B. DATE 24C. NAME OF CEMETI N. REMOVAL (Specify) 9/26/50 Loudon Park		n, or county) (State)				

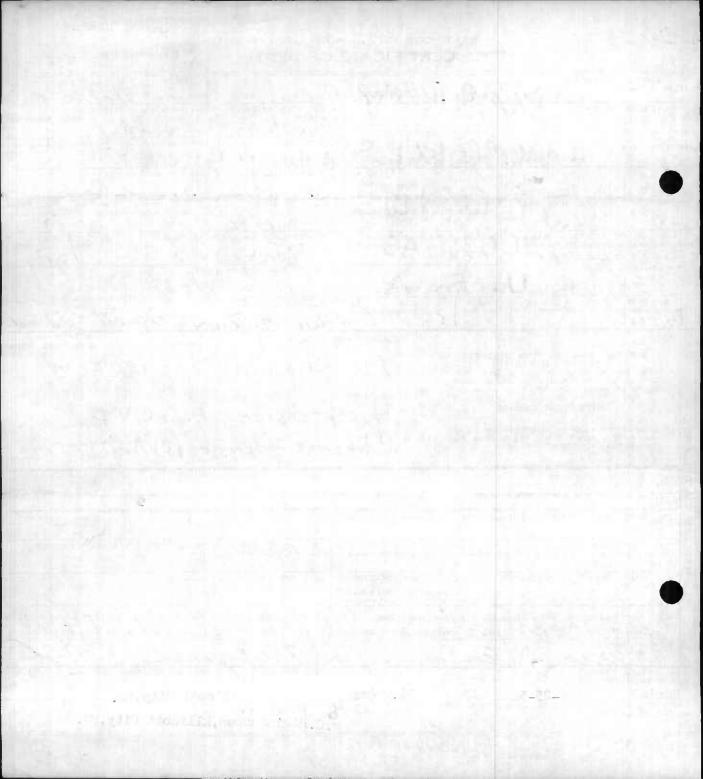
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DATE RECEIVED BY LOCAL REGISTRAR

ADDRESS

25 FUNERAL DIRECTOR

Red Control of the Arthology of the Arth THE MERCHANISMENT 1 22.4 THE PROPERTY OF PERSONS OF PERSONS OF



deceased alive on Aget 5, 1950, and that death occurred at 2 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C DATE SIGNED 100 F 23 Vd. St

24D. LOCATION (City, town, or county)

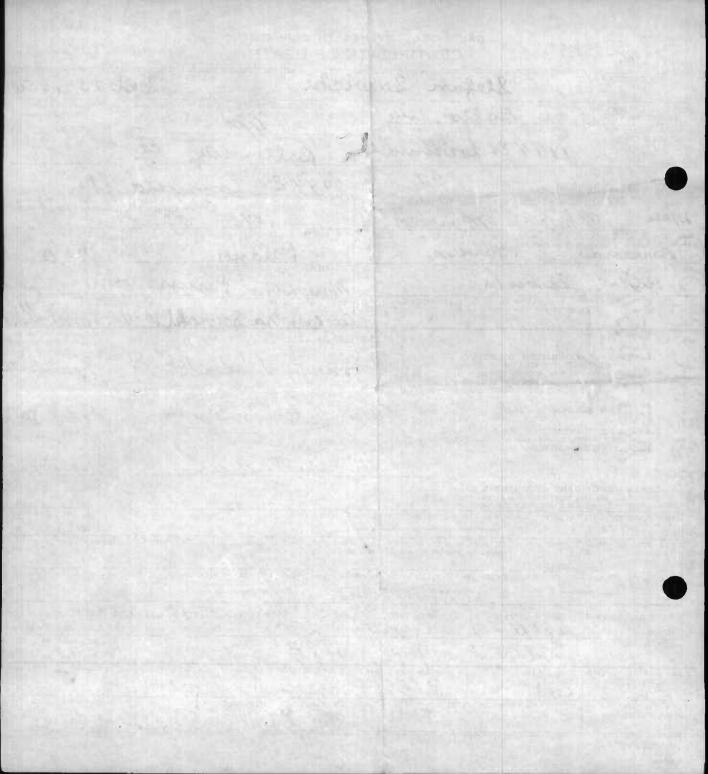
24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

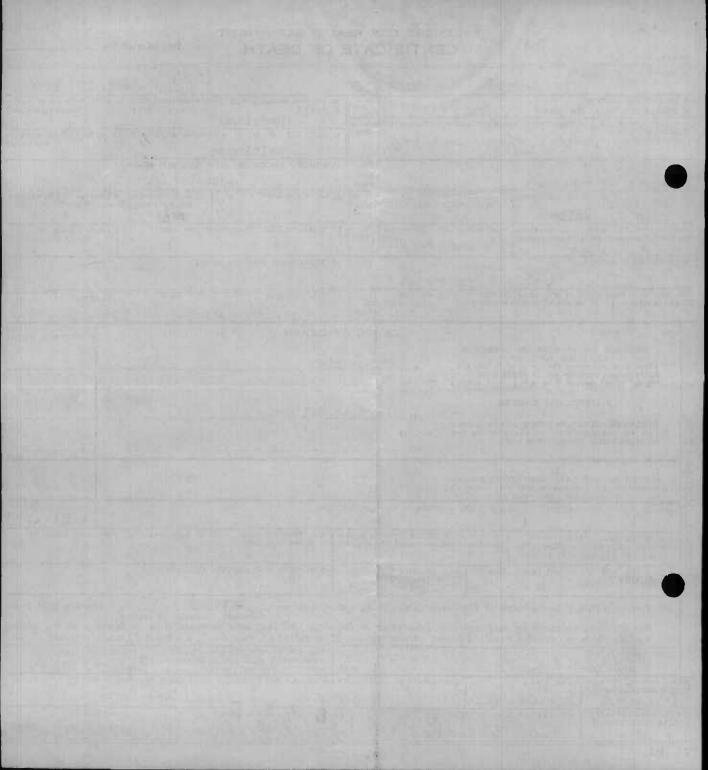
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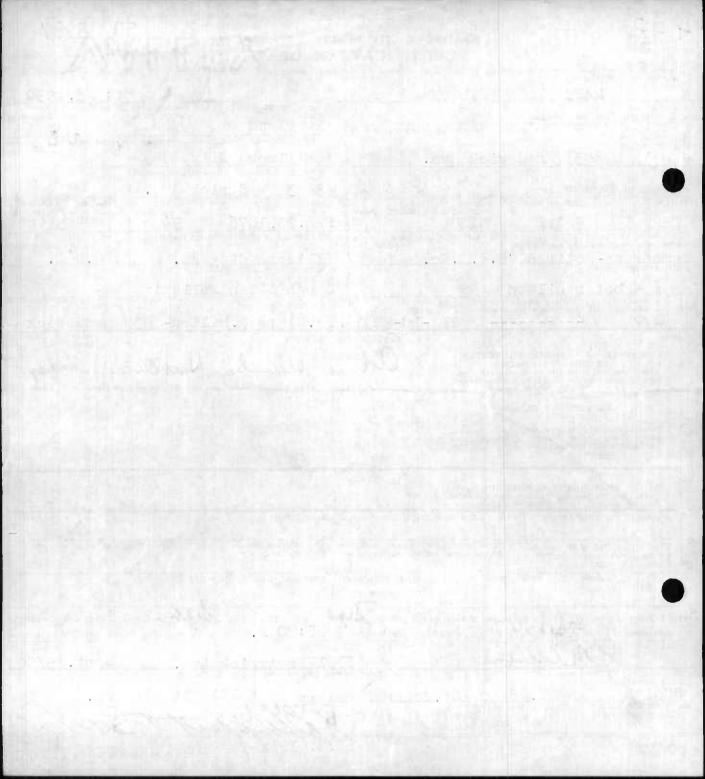
	EALTH DEPARTMENT 50 8196					
BIRTH NO. 50 8196 CERTIFICAT	E OF DEATH Registered No					
1. NAME OF DECEASED (Type or Print) JAMES WACHOWIAK	2. DATE OF DEATH Sept. 22, 1950					
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto, Lity	A. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)					
B. FULL NAME OF If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION When Hospital or institution, give street address or location)	c. CITY OR TOWN (If outside corporate limits, The RIRAL and give township) Baltimore					
Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 1524 Lancaster Street					
ongth of stay in Baltimore Days Color of RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Rours					
Male White WIDOWED DIVORCED (Specify)	Jan 10-1884 last birthday) Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of rork doue during most of working life, even if retired) Perma R, RDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL						
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS ST. DAS JACASTER					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (a) Pneum	OF DEATH ONSET AND DEATH					
heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)						
ANTECEDENT CAUSES (B) Cardiac failure DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?					
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.) 21b. PLACE OF INJURY (e.g., in or INJURY OCCUR?) 21c. WHERE DID INJURY OCCUR?						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?					
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from						
the evidence obtained by said Autopsy, Inspection or Inquiry find that said deceased died on the dand death in my opinion resulted from: natural causes \boxed{\omega}, accident \boxed{\omega}, suicide \boxed{\omega}, homicide \boxed{\omega}, unde						
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION REMOVAL (Specify)						
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	Wm. L. FiglKowski 2007 Eastonne					
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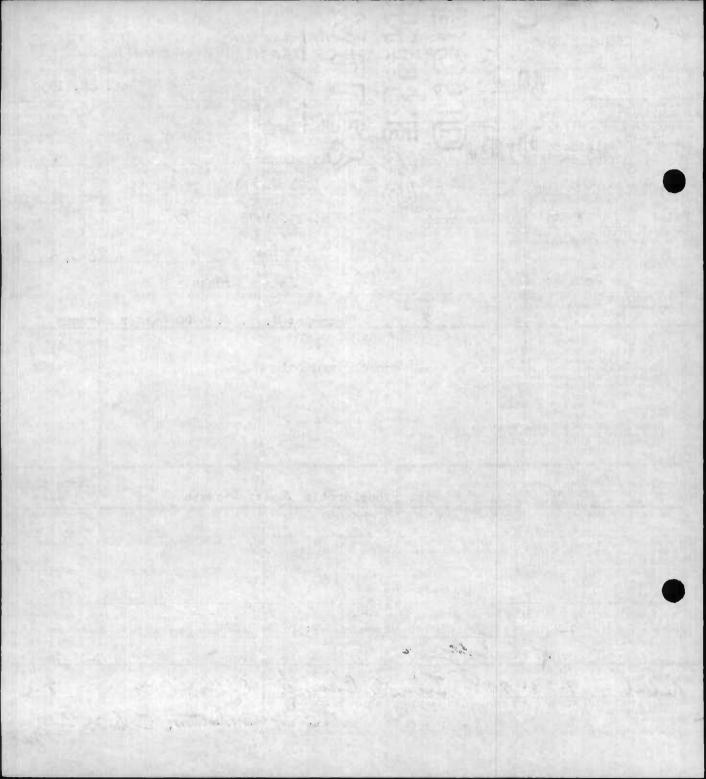
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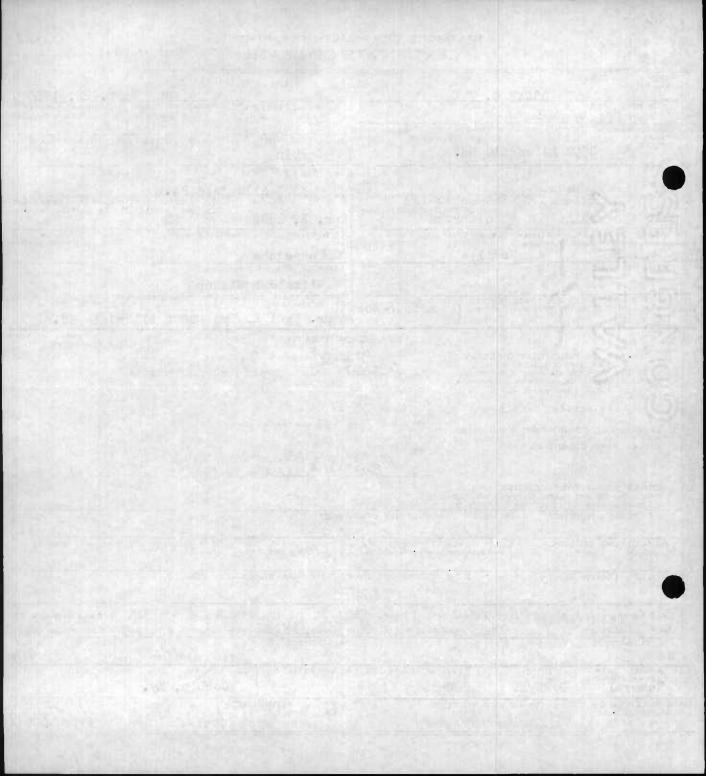
egistered No. 8198

BIRTHINO	CERTIFICATI	E OF DEATH Reg	gistered No.				
1. NAME OF DECEASED (Type or Print) John	S. Rowzee	2. DATE OF DEATH	Sept. 24, 1950				
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where decease					
B. FULL NAME OF (If not in hospital		Maryland	Defore admission				
HOSPITAL OR Baltimore City	Hospitals location)	C. CITY OR TOWN (If outside corporate lanits, write RURAL and give					
4940 Eastern A	venue	Baltimore					
and of the C. D. W.	60 Yrs. Mos.	D. STREET ADDRESS (If rural, give) 1021 W. Baltimore S.					
5. SEX 6. COLOR OR RACE :	7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (
Male White	WIDOWED DIVORCED (Specify) Divorced		th years				
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign count					
?	.?	Virginia	7/ S. A				
13. FATHER'S NAME	(5)	14. MOTHER'S MAIDEN NAME					
John Rowzee	(D)	Joanna Grubbs					
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no or unknown) (If yes, give war or dates o	ORCES? 16. SOCIAL f service) SECURITY NO.	17. INFORMANT	ADDRESS				
7 7		Records: B. C. H. 4940	Eastern Avenue				
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which cau ANTECEDENT CAUSE: DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST	dying, e.g., (A) Bronch the disease, used death.) DUE TO S (B)	OF DEATH opueumonia R LL	2 weeks				
OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION OF THE DEATH, BUT NOT THE DISEASE OR CONDITION OF T	OT RELATED Amtonional	erotic Heart Disease	More than 1 year				
2			YES NO				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, alreet, office bldg., etc.) LYING OF DEATH 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? (If in Baltimore City, give exact location) INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED, 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK A							
22. I hereby certify that I atter	22. I hereby certify that I attended the deceased from 2-15, 1949, to 9-24, 1950, that I last saw th						
23A. SIGNATURE	1 2	3B. ADDRESS .	23c. DATE SIGNED				
A DIVINIA CONTINUE OF THE PROPERTY OF THE PROP	03 cm M.D. 4	940 Eastern Avenue	9-25-50				
24A. BURIAL, CREMA- TION REMOVAL (Specify) 9-26.	Trinity	Chafelle Collisto	City, town, or county) (State)				
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR	SIGNATURE FOR WHILE ME	7. C. Figinletsom	Clair Baty				
VS 150			me				

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5	000	99			EALTH DEPARTMENT E OF DEATH	Registered	50 8199 No.
1.	NAME OF D	ECEASED				2. DATE OF	
	PLACE OF D	EATH:	AR O. TY	E	4. USUAL RESIDENCE (DEATH Se Where deceased lived, I	
		City, Maryland OF (If not in hos)	oital or institut	ion, give street address or	A. STATE Ky	B. COUNTY	before admission)
	OSPITAL OR ISTITUTION	2602 Alle	ndale Rd	location)		outside corporate lim	its, write RURAL and give township)
c.	angth of st	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	The section of the	
	sex male	6.COLOR OR RAC		MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under I Year II Under 24 Hours In Under Min.
10	A. USUAL OC	CUPATION (Givekind	of 108, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF
OLI	miner	of working life, even if retire	coal	INDUSTRY	Tennessee		WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN N	AME	
	Henry	Clay Tye			Elizabeth Bis	hop	
Ye	5. WAS DECEASE s, no or unknown) NO	ED EVER IN U.S. ARN (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	Mr. Paul L. Tye		ADDRESS ndale Rd.
NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING						ONSET AND DEATH
ERTIFICAT	OTHER S	THE ABOVE CAUSE (YING CONDITION II SIGNIFICANT CON S TO THE OEATH, BU IISEASE OR CONOITI	DITIONS CON	10 Men	replyer s	yt	11 male
		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
Q A							YES NO
/EDI	HOMICIDE	ENT, SUICIDE. (Specify)		ACE OF INJURY (e. g., i arm,factory,street,office bldg.,		ir in Baitimore City,	give exact location)
	O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WOR						
	22. I hereb deecased di 23A. SIGNA		71	deceased from and that death occur	rred at // m., from t		that I last saw the the date stated above.
	4A. BURIAL, CON, REMOVAL (S	gecify)		M. O. 24C. NAME OF CEMETE		ocation (City, town	n, or county) (State)
	ATE RECEIVE	D BY REGISTRA	R'S SIGNATL	lauls, MA	25 FUNERAL PURESTOR	ioner & Sn	is Ralto My
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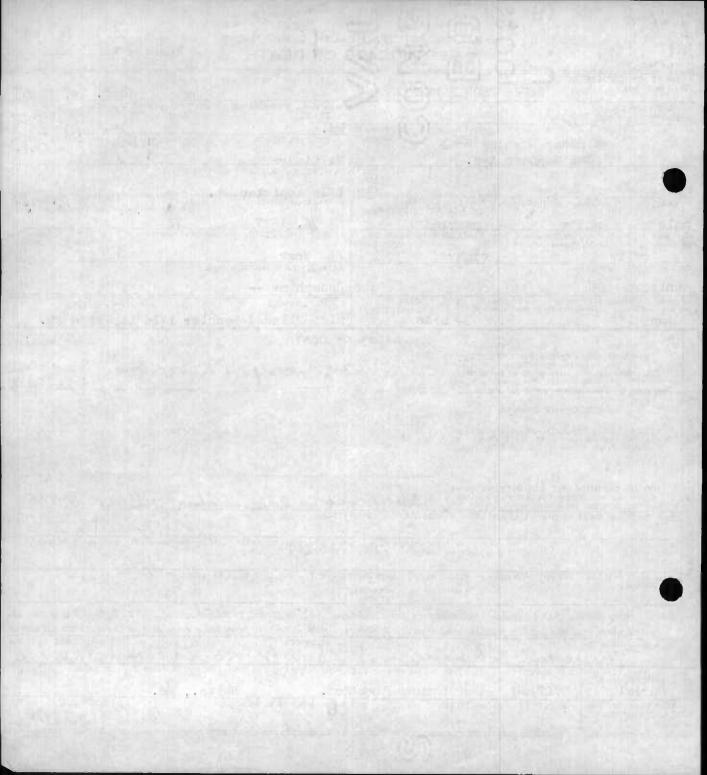


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8250 Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	V CEODOE MOULTED	2. DATE OF	04		
3. PLACE OF DEATH: A. Baltimore City, Maryland	9	4. USUAL RESIDENCE (Where deceased lived, If instination and a county of the county of	before admission)		
c. Ongth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)			
5. SEX 6. COLOR OR RACE male white 10A. USUAL OCCUPATION (Give kind of ork done during must of working life, even if retired) retired	7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 10B. KIND OF BUSINESS OR INDUSTRY CIGARS (M)	8. DATE OF BIRTH 9. AGE (In year last birthday) Months May 4. 1877 73 11. BIRTHPLACE (State or foreign country) 12.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	A THE TEXT OF		
unknown 15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) (If yes, give war or dates no	FORCES? 16. SOCIAL SECURITY NO. NOTE	Josephine 17. INFORMANT ADDR Miss Mildred Mechler 1716 Apple			
DISEASE OR CONDITION IN LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which continues to the above cause (A) UNDERLYING CONDITION, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	ronary Thrombasis				
		RATION Rheumatice Orthritis	20. AUTOPSY?		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	in or 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?				
deceased alive on supt. 21 23A. SIGNATURE Macurice E.	Morner M. D.	3300 W. North are	ate stated above. 3c. DATE SIGNED 9/25/50		
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR	Loudon Park	Cem. Balto., Md.	ounty) / (State) DRESS		
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8201 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, I institution: residence 3. PLACE OF DEATH A. Baltimore City, Maryland STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | M Under | Waar | M Under 24 Hours | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) 22 1688 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF workdone during most of working life, even if retired) INDUSTRY WHAT COUNTRY Cowman 13. FATHER'S NAME MOTHER'S MAIDEN NAME nown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH 442X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING

CAUSE OF DEATH

REGISTRAR

TIME (Month) (Day) (Year) (Hour)

0

WHILE AT WORK

21E. INJURY OCCURRED NOT WHILE!

AT WORK

21F. HOW DID INJURY OCCUR?

1947 to. 1950that I last saw the 22. I hereby certify that I attended the deceased from_ . 19 50 and that death occurred at deceased alive on a 121 from the chuses and on the date stated above. 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

INJURY

S SIGNATURE

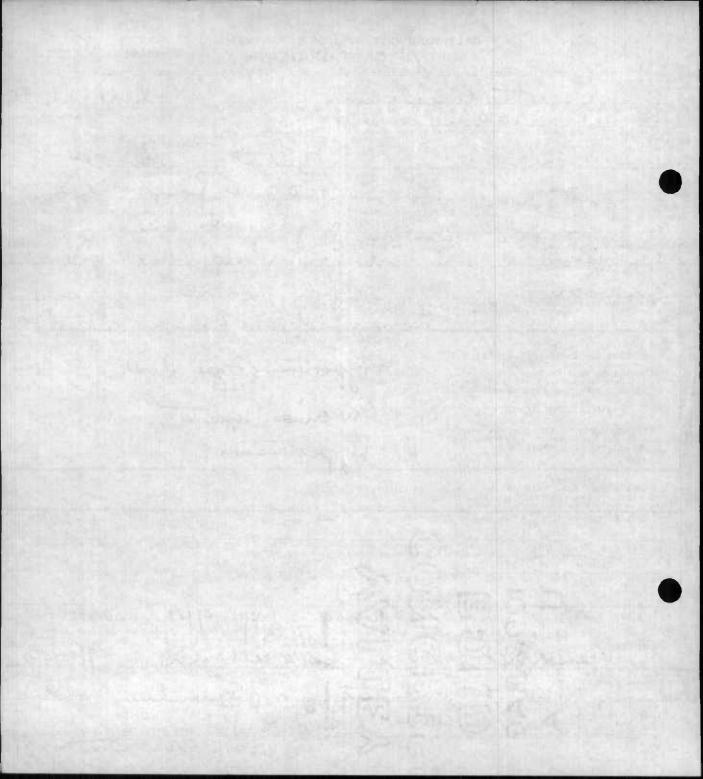
M. D.

25. FUNERAL DIRECT

LOCATION (City, town, or county)

23C / DATE SIGNED

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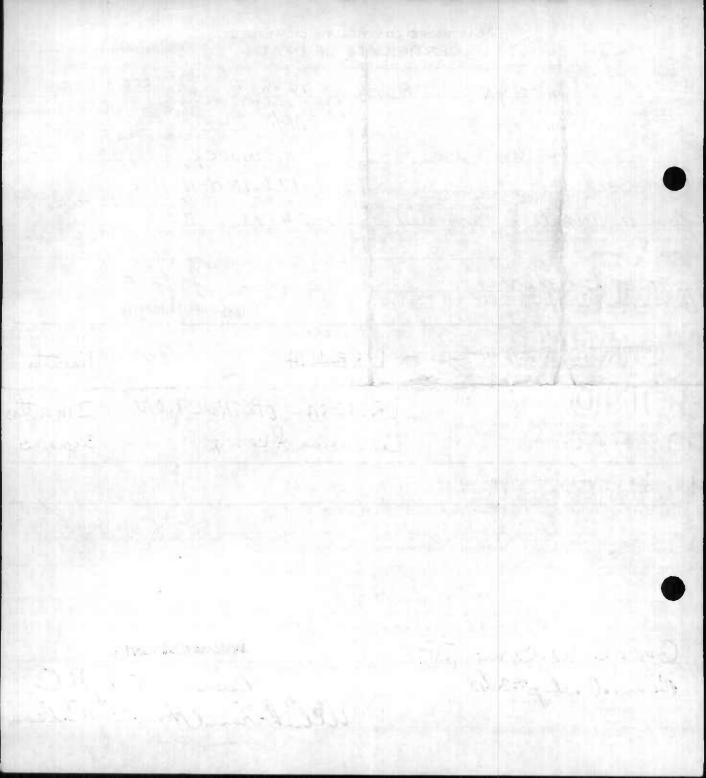
4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission) (If outside corporate limits, write RURAL and give D. STREET ADDRESS . (If rural, give location) Yrs. Mos. ogth of stay in Baltimore INden Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years) last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) -24-13 married 108. KIND OF BUSINESS OR OA. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY J REMIA LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO (B) URETERAL OBSTRUCTION ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Carcinoma of cervix RTIFICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION YES Y EDICA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IF. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK , 1950, to 9-24-, 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 9-24-1950, and that death occurred at 1/30/2 m., from the causes and on the date stated above. SA. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

remal M. D.

24A. BURIAL, CREMA-240. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY

umora DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR

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19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office hidg., etc.) LYING OR CONTRIBUTING

21c. WHERE DID INJURY OCCUR?

21E. INJURY OCCURRED

INJURY WHILE AT NOT WHILE! WORK AT WORK

21p. TIME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from deceased alive on 23 Aux , 1950. and that death occurred at 4:00 Pm., from the causes and on the date stated above.

23A. SIGNATURE

ZAC. NAME OF CEMETERY

244. BURIAL, CREMA- 24B DATE TION, REMOVAL (Specify)

REGISTRAR'S SIGNATURE DATE RECEIVED BY

CREMATORY

an.

21F. HOW DID INJURY OCCUR?

utteran Ch.

. 1920 to.

240. LOCATION (C)

23C. DATE SIGNED

(If in Baltimore City, give exact location)

Carriel Go.

. 1950 that I last saw the

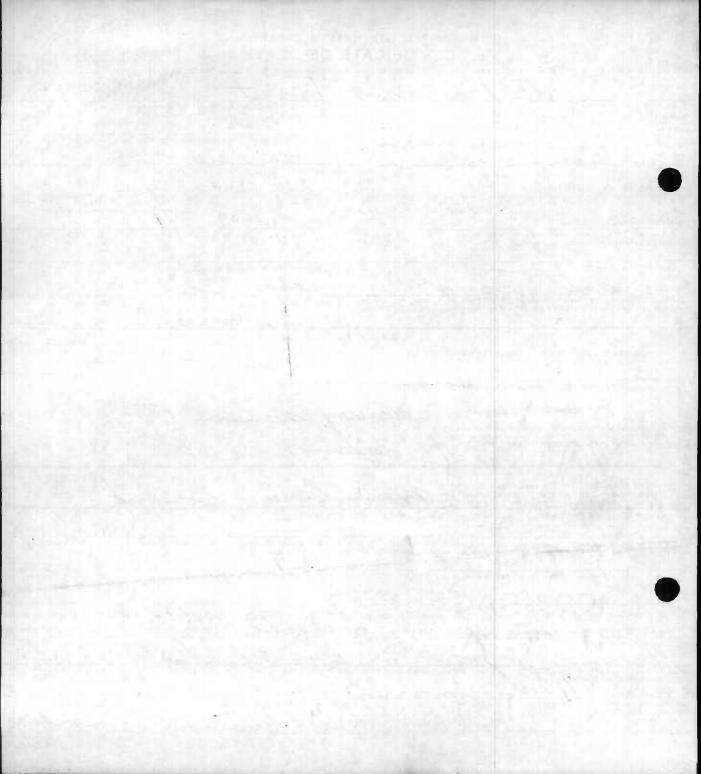
YES

ADDRESS 1-25. FUNERAL DIRECTOR LOCAL REGISTRAR YMURILLA M

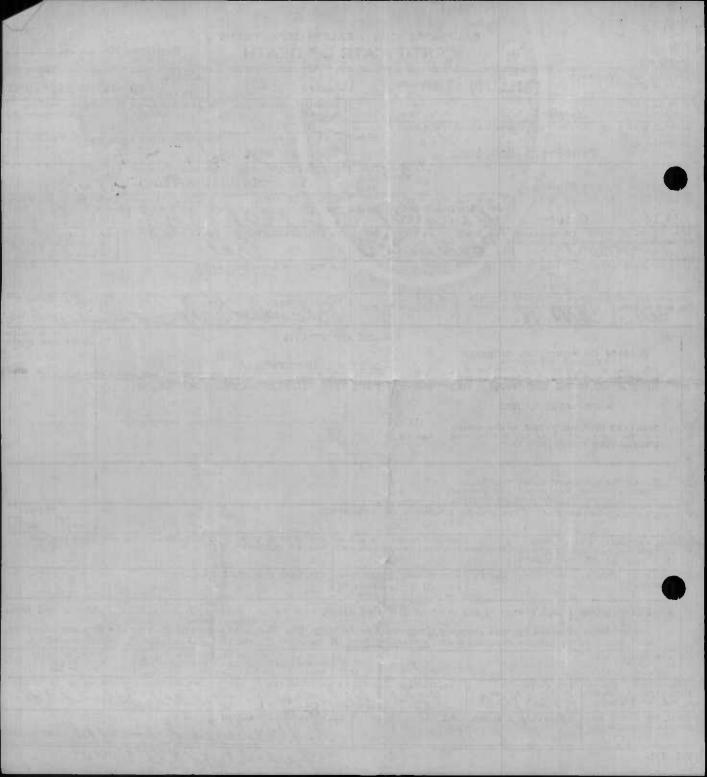
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CAUSE OF DEATH

EDICA



	E OF DEATH Registered No. 8204
1. NAME OF DECEASED	(GULF) GAULT 2. DATE OF September 24, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF ('I not in hospital or institution, give street address or HOSPITAL OR location)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission Maryland
Provident Hospital	Baltimore 17-04 township
ength of stay in Baltimore 2.5 Mos. Days	712 Druid Hill Avenue (9/2)
Male Colored 7. SINGLE, MARRIED. Colored Colored (Specify)	:: 1901 49
108. USUAL OCCUPATION (Give kinder) work done dering tiest of working life, even if retired) 13. FATHER'S NAME	ya. u.s.
	14. MOTHER'S MATTEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If you give year or dates of service) SECURITY NO.	Blanchollsbrone clinic Hilling
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure asthonic act It means the disease	or DEATH chal hemorrhage cured luetic aortic aneurysm
. ISA, BATE OF OFERWING	
218. PLACE OF INJURY (c. g., i about bome, farm, factory, etreet, office bldg., i uting Cause of Death.	n or 21C. WHERE DID (If in Baltimore City, give exact location)
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes 23A. SYNATURE	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above S. X., accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23B. CHIEF MEDICAL EXAMINER
24A. BURIAL. CAEMA- E4B. PATE 24G. NAME OF CEMETE 100 REMOVAL (Specify) 9/28/50	TEL MEDICALE MATERIAL
DATE RECEIVED BY RIGISTRAR'S SIGNATURE COCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS 9/8-
VS 151 97024	Unice All one



A Baltimore City, Maryland

c. Length of stay in Baltimore

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

50	8205
Registered No	

В	IKI	н	M	U.				
_			_					_
1	NI	AN	1 12	OF	DE	CE	AC	Er

B. FULL NAME OF

(Type or Print)

HOSPITAL OR

INSTITUTION

5. SEX

Female

18.

ERTIFICATION

EDICAL

Marie E. Eaton 3. PLACE OF DEATH:

2. DATE DEATH Sept. 23, 1950

B. COUNTY

4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission)

(If not in hospital or institution, give street address or location) South Baltimore General Hospital

C. CITY OR TOWN Baltimore

Maryland

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Yrs. Mos.

Davs

243 S. Chester St. 8. DATE OF BIRTH

9. AGE (In years) AGE (In years | H Under | Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min.

6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) White Married

Oct 28, 1881 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

work done during most of working life, even if retired)

10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY

Baltimore Co. Maryland 14. MOTHER'S MAIDEN NAME

WHAT COUNTRY?

13. FATHER'S NAME

Henry Meier

16. SOCIAL

Christina Herbert

ADDRESS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (if yes, give war or dates of service) No

SECURITY NO.

DUF TO

17. INFORMANT

Clarence Eaton 243 S. Chester St.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Chelisocheti C. V. Derone

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Commany Occlusion

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location) INDURY OCCUR? konl

CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR? me

22. I hereby certify that I attended the deceased from 9-15

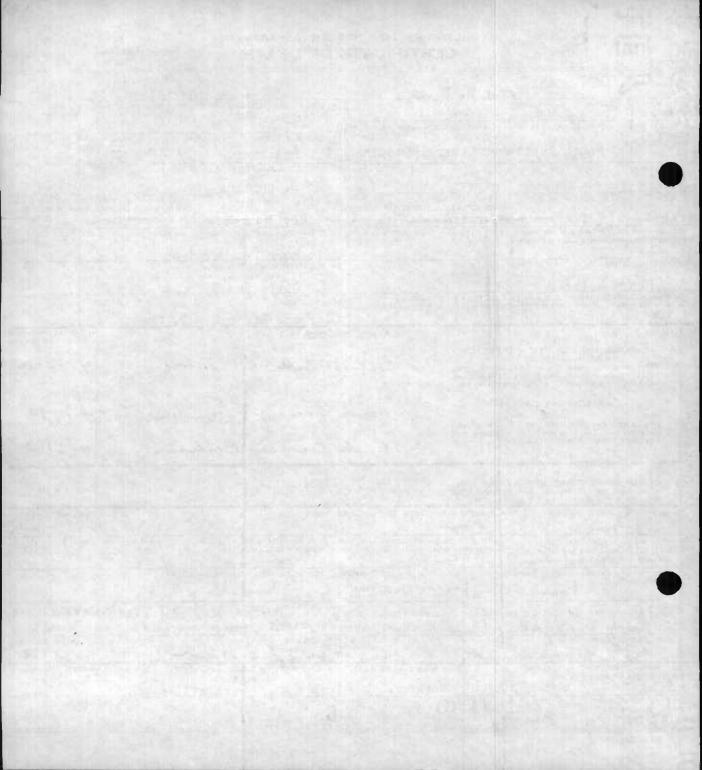
1950 to_ 9-23, 19 5 that I last saw the Rm., from the causes and on the date stated above. 23c. DATE SIGNED

deceased alive on , 9-22 , 1950, and that death occurred at 10 23A. SIGNATURE

238. ADDRESS

24A, BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Sept 28, 1950 Parkwood Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE

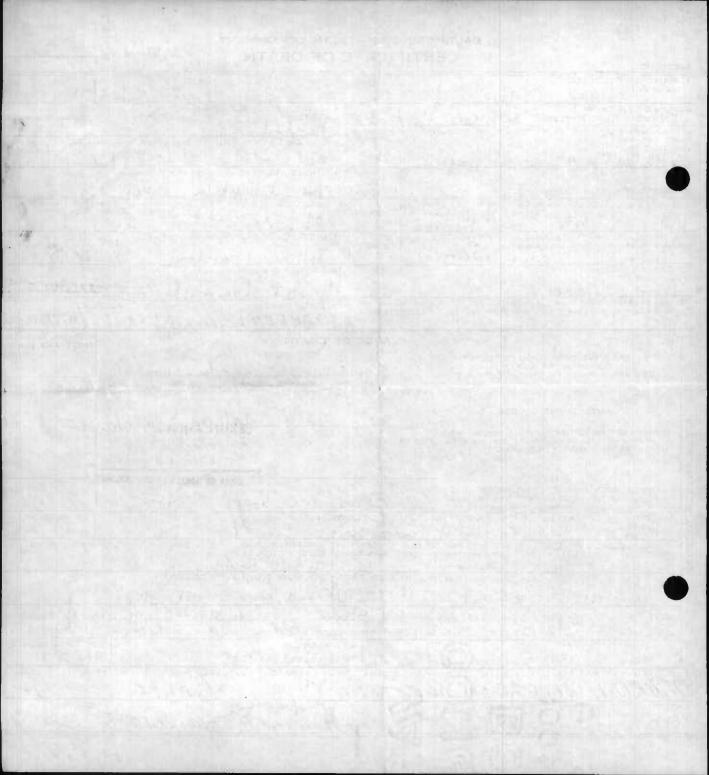
25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Tuneral Home 2008 Orleans St.



BALTIMORE CITY HEALTH DEPARTMENT

50 8206 Registered No.

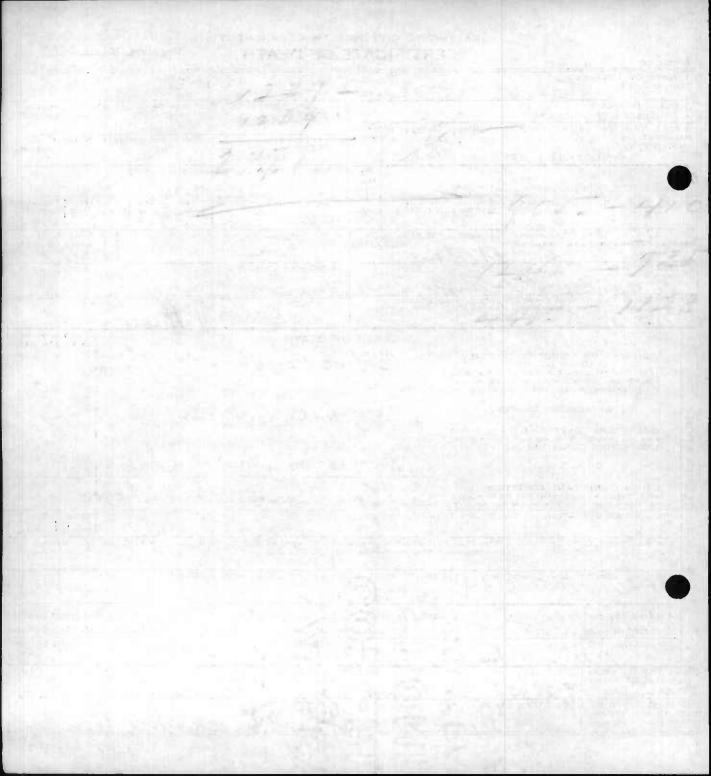
В	IRTH NO.			CERTIFICAT	E OF DEATH	and strike	
	NAME OF D Type or Print)	. 1	iner			2. DATE OF DEATH	as so
	PLACE OF D	EATH: City, Maryland	Saltimor	brokent a	4. USUAL RESIDENCE	(Where deceased lived.	If institution; residence before admission)
8.	FULL NAME OSPITAL OR			ion, give street address or location)	Maryland		
	STITUTION	0	1111	.1-1	c. CITY OR TOWN	(If outside corporate lim	nits, write RURAL and give township)
-	South Da	It Hore Gene	ral Hos	Yrs.	Dalti More	(If rural, give location)	4
C.	Length of s	tay in Baltimore		Mos. Days	MIZ W. Haw	burn Street	
5.	SEX	6. COLOR OR RACE		E. MARRIED, ZED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year H Under 24 Hours Months: Days Hours: Min.
1	Male	White	Mo	urried	2/17-187	7 76	
worl	k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	IAME	1 24	51	14. MOTHER'S MAIDEN	laryland	100
	C	11.			W Lr	111 40	4 Uniones
15	. WAS DECEASE	D EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	YE WITKLE / XX	ADDRESS
(10	e, no or unknown)	(If yes, give wer or dete	B OI Bervice)	SECURITY NO.	ENIZABETH W	VEINER-712	WHAYBURE
	18. E	900.01		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION			20		
	(This does	not mean the mode	of dying, e. g	s, (A) Cor	SHAVY OC	clusion	
		complication which					
7	ATT.	ANTECEDENT CAU	SES	Gen	eralized Ar	Terio scleras	is undetermine
ERTIFICATION		S OR CONDITIONS		IG	CER	RIFICATION APPRO	
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				9 (hn R. Davis p	er
IFIC	2 fh (C)				Jr.	113 Harmer	Ma Da
RT		IGNIFICANT COND			CH	HER CONTRACTOR MEDICAL EX	AMINE C
CE	TO THE D	TO THE DEATH, BUT	N CAUSING 1	т	crure Let	(remul	7 9075
AL	9/25/5		Fracture	It. Femoral N	arion .		20. AUTOPSY?
EDICAL		NT SUICIDE, (Specify)	21B. PLA	CE OF INJURY (e. g., i	o or 21c. WHERE DID	(If in Baltimore City,	
ME		(b)echy)	Home		712 W. Han	burg St.	Elizaria de la constanti
7	ID. TIME	Month) (Day) (Year		21E. INJURY OCCURR			
			:30 Pm.	WHILE AT NOT WHILE AT WORK	IN tell down	Front Step	\$.
	22. I hercb	y certify that I at	ended the	deceased from 9	16/50 , 19 to		, that I last saw the
	deceased at		_, 19,		38 ADDRESS		the date stated above.
	Ther		rant	el M.D. 1	213 hight Street	t-,	9/25/50
2. TI	AN BURIAL (REMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, tow	n, or county) (State)
	ATE RECEIVE		S SIGNATU	WESTER	25 FUNERAL DIRECTO	JOHHTO_	ADDRESS
L	SEP 261	D BY REGISTRAR	100/14/	useus///Line	Bernard &	Harle 121	E WEST ST
	VS 150	N- 820.1	,				1 186a
	/			Att and a second	q., com half	by on had beci	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8207

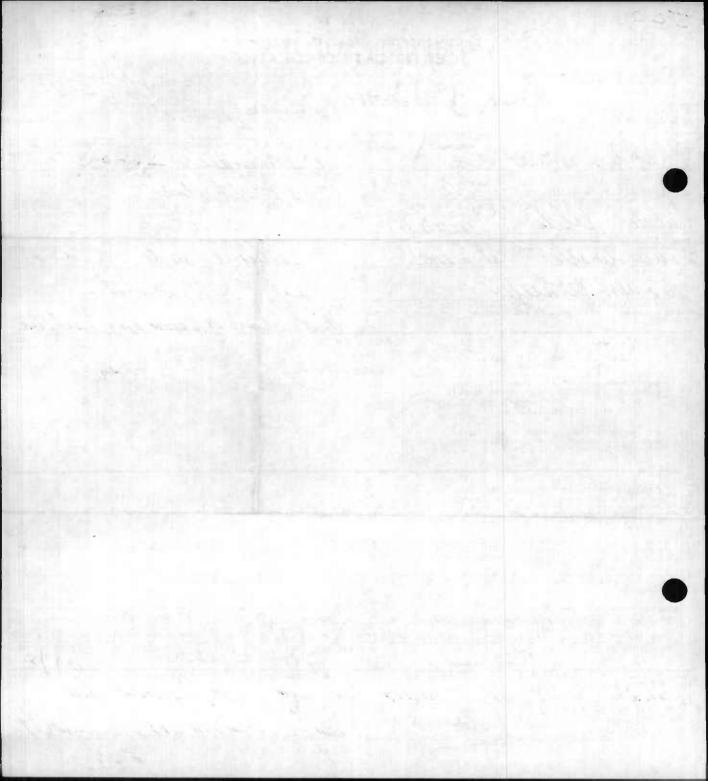
1. NAME OF DECEASED (Type or Print) Beylah Patterson 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE 2. DATE OF DEATH 9-2550 4. USUAL RESIDENCE (Where deceased lived, If institution: residence as COUNTY before admiss before a	
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) Author of Md C. CITY OR TOWN (If outside corporate limits, write RURAL and towns)	
Length of stay in Baltimore 2 ps STREET ADDRESS (If rural, give location) Mos. Days 3/0/Vivg in Ca Dve # 15	
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. 8. DATE OF BIRTH 9. AGE (in years if Under 1 Veet WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours N	Hours Min.
10A. USUAL OCCUPATION (Give kind of working life oven if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPHACE (State or foreign country) WHAT COUNT WHAT COUNT	TRY7
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no of your nown) (If yee, give war of dates of service) SECURITY NO.	
(Yea, no or udknown) (If yea, give war or dates of service) 16, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SECURITY NO. 17. INFORMANT HUSBAND Flatterson Same	
18. 420.) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CORDNAR (Art. Dis UNDERLYING CONDITION LAST. (C) Arteriosclesotic Cardio Voscular Lis	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ca of GALL BLAdder c widespid metastasis	
19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X NO	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location)	
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 9-20, 1950, to 9-25, 1957 that I last saw deceased alive on 9-25, 1950, and that death occurred at 125 m., from the causes and on the date stated about	ove.
23A. SIGNATURE) M.D. Human Joss, of Md 23C. DATE SIGN 4-15-5	PAED
24a. BURIAL CREMA- 1981. REMOVAL (Streetly) 92950 MTOLIVE Gen. Pleasant Valley Ben. LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR PEGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL R	nte)
VS 150	t.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

		ULU
Registered	No	

Dikiti ko.				
1. NAME OF DECEASED (Type or Print)	amm		2. DATE 9/25 OF DEATH	50.
a. Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If in B. COUNTY	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, gi	ive street address or location)	C CITY OF TOWN	(If outside comments limits	** *******
INSTITUTION 0 9 Frait - Que		C. CITY OR TOWN	(If outside corporate limits,	townshin)
In the second	Yrs.	O. STREET ADDRESS	(If rural, give location)	-
c. Length of stay in Baltimore	Mos. Days	6709 J'al	of auc	
5. SEX 6. COLOR OF RACE 7. SINGLE, MA	RRIED.	8 DATE OF BIRTH	9. AGE (In years) # U	nder Year H Under 24 Hours ths: Days Hours: Min.
fur all source, saux	red.	4/27 /1890	3 .5840	
10A USUAL OCCUPATION (Give kind of tops of work dooe during most of working life, eyen if retired)	BUSINESS OR INDUSTRY	1. BIRTHPLACE State	or foreign country)	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	re _	12 attimo	al yd.	454
Marie Il the all	+	MOTHER'S MAIDE	NAME -	+
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL	111 asy 6.	Sminous	•
(Yes, no or uokoown) (If yes, give war or dates of service)	SECURITY NO.	Miss Flasere	M Kamma 6704	tast Den.
18. 15my	CAUSE Ó	F DEATH	11 1000000 01-1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0	1	, , , 0	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	(A)	erona lea	I of Janers	2
injury or complication which caused death.)	OUE TO			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	OUE TO			
UNDERLYING CONDITION LAST.	(C)	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED				
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONCITION CAUSING IT.				
	DINGS OF OPERA	ATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, far	OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City, gi	YES NO
LYING OR CONTRIBUTING about home, farm, fac	ctory, street, office bldg., etc		(ii iii baatiiiote oity, gi	c exact location)
O. TIME (Month) (Day) (Year) (Hour) 21E. I	NJURY OCCURRE	D 21F, HOW DID INJ	URY OCCUR?	
m. WHILE				
22. I hereby certify that I attended the dece	ased from	June , 1950, to	9/25,1950,	that I last saw the
deceased alive on 9,5, 1950, and	that death occurr		m the causes and on the	
23A. SIGNATURE	M. O.	SB. ADDRESS	Selver	9 LATE SIGNED
24A. BURIAL, CREMA 24B. DATE 24C.	MAME OF CEMETER	Y OR CREMATORY 24	O. LOCATION (City, town, o	r county) (State)
	udox Oas	4 Clour a 30	on treborion	aul
DATE RECEIVED BY REGISTRAR'S SIGNATURE		25 FUNBOAL BIRECT		ADDRESS /
SEP 261950" / husting or //hua	July C	ohy Dowa	1201 901 Jo	Elius St
VS 150		12	1 0	169



BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.	CERTIFICA	AIE.	OF DEATH			
	NAME OF DECEASED WILL	IAM SMITH			2. DATE OF DEATH SE	PIEMBER 23, 1958	
3. A.	PLACE OF DEATH: Baltimore City, Maryland	Baltimore City		. STATE	Where deceased lived. B. COUNTY	If institution: residence before admission)	
B. H	FULL NAME OF (If not in hospinospital OR			Marghand (I	f outside corporate lir	nits, write RURAL and give	
	OUTH BALTIMORE BE	NERAL HOSPITAL		b 11.	vort 2-1	- b 1 township)	
I			rs. C	STREET ADDRESS (II	rural, give location)		
	Length of stay in Baltimore	·	los.		ruetta St.		
1	MALE BLACK	WIDOWED, DIVORCED (SI		. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.	
	A. USUAL OCCUPATION (Give kind of a dooe during most of sprking life, even if retired)			Okio?	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S NAME		1	4. MOTHER'S MAIDEN N	IAME		
(Ye	. WAS DECEASED EVER IN U. S. ARME a, oo or uoknowo) (If yea, give wer or deta unknown)	D FORCES? 16. SOCIAL SECURITY N	0.	7. INFORMANT Stilla Carter	43 2 W. Henr	ADDRESS	
	18. 443X	CAU	SE OF	DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me	DIRECTLY ATH of dying, e.g., ans the disease,	. ,	Belevesis		ONSET AND DEATH	
	injury or complication which	뭐내 보내는 논란을 쌓이다		2 1/	1 4		
Z	ANTECEDENT CAU	(B)	uph	alonethy du	e to ackno	schrosin	
FICATION	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	IF ANY, GIVING) STATING THE DUE TO AST.					
FIC		1/4/2	n En	sive cardio va	scular dis	lare	
ERT	OTHER SIGNIFICANT COND	ATTIONIC COM		4 }-			
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED NIME	dia	how and In	antion		
AL	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF	PERAT	ION		20. AUTOPSY?	
EDICAL	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)	21B, PLACE OF INJURY (aboot home, farm, factory, street, office			If in Baltimore City	, give exact location)	
M	1D. TIME (Month) (Day) (Year F INJURY	WHILE AT NOT W	HILE	21F, HOW DID INJUR	Y OCCUR?		
	22 I hereby contifue that I at	m. work ATW	- /	18 10 50 to 8	ent 23 19	50 that I last can the	
	22. I hereby certify that I attended the deceased from Syst- 18, 1950, to Syst- 23, 1950, that I last saw to deceased alive on 1950, and that death occurred at 12 norm, from the causes and on the date stated about						
	Martin C. May		23B	ADDRESS Ruth Balto. Men		23c. DATE SIGNED	
7	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	9-50 mt. Cal		Cambon Ba	OCATION (City, tov	vn, or county) (State)	
	ATE RECEIVED BY REGISTRAR COLL REGISTRAR		2	the B. pry	p-139W	ADDRESS Handley Bla	
	Vs 150			7 (1		, 0	
					9	3 d	

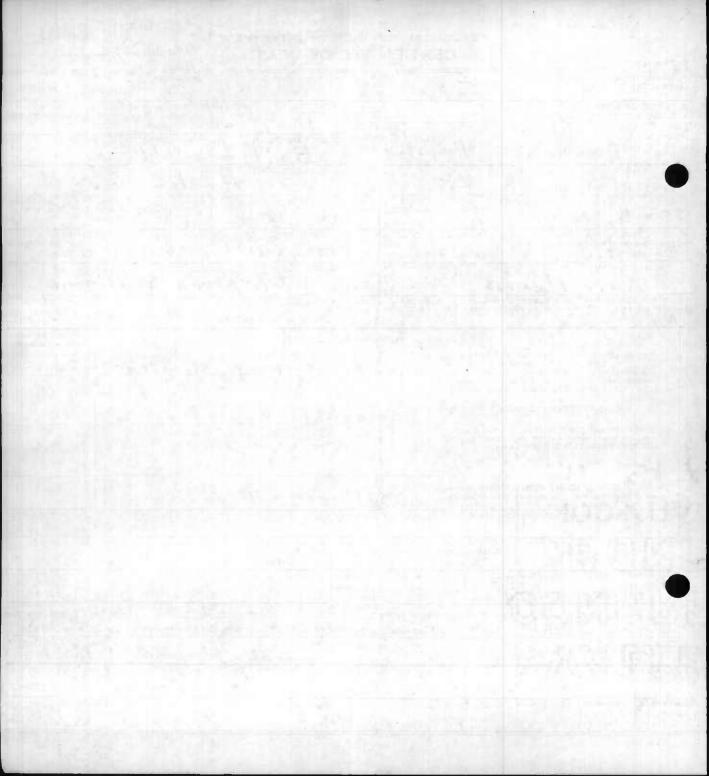
NOT A MEDICAL EXAMINER'S CASE

WILLIAM CONTROL D.

STREET OR ASS'T. MEDICAL EXAMINER

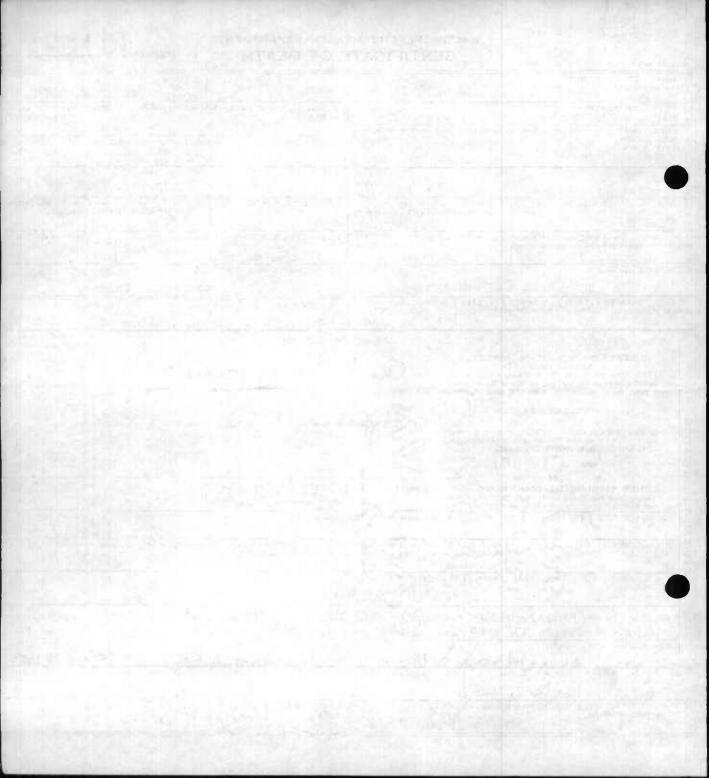
BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.		ERTIFICAT	E OF DEATH		
	NAME OF DECEASED Print) Alice	Tong	u e		OF 9/24	50 2:00 MM
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If ins	titution: residence before admission)
H	FULL NAME OF (If not in hospi OSPITAL OR ISTITUTION Provident		location	c. CITY OR TOWN (If	outside corporate limits, v	write RURAL and give township)
7	79		Yrs.	D. STREET ADDRESS (If	rural, give location)	1
	Length of stay in Baltimore	41	Fe Mos. Days		arlem A	ve
	Cmale 6. COLOR OR RACE	MIDOWED	O, DIVORCED (Specify	8. DATE OF BIRTH		der 1 Year Hunder 24 Hours hs: Days Hours Min.
wor	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired	108. KIND O	INDUSTR'	Trederick	reign country) 12	WHAT COUNTRY?
13	FATHER'S NAME			14. MOTHER'S MAIDEN NA		
1 =	. WAS DECEASED EVER IN U. S. ARME				her Willi	AMIS
(Ye	(If yes, give war or dat	BE Of Service)	6. SOCIAL SECURITY NO.	17. INFORMANT Mrs Frances	Hall 10	RESS 21 Harlem
	18. 443X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DE/ (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	ATH of dying, e.g., ans the disease.	(A) Card	10 Vascular	Accident	2 ± days
	ANTECEDENT CAU	SES		t. 1 H	Language	,
ATION	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	STATING THE	(B) C356	ntial Hyper	LC M 3.20 AL	
IFIC			_(C)			
CERTI	TRIBUTING TO THE DEATH, BUT NOT RELATED					
CAL	19A. DATE OF OPERATION	19B. MAJOR FI	INDINGS OF OPE	RATION		YES NO
EDI	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		OF INJURY (e. g., , , factory, street, office bldg.	etc.) INJURY OCCUR?	f in Baltimore City, give	1
Σ	PID, TIME (Month) (Day) (Year F INJURY) (Hour) 21s	E. INJURY OCCURF	RED 21F. HOW DID INJURY		
		15 Am. WHI		9 - 24		
	22. I hereby certify that I at deceased alive on 7-23	tended the de	ceased from	rred at 2:05 Am from th	he causes and on the	that I last saw the date stated above.
	23A. SIGNATURE	rette		23B. ADDRESS		23c. DATE SIGNED
	BURIAL, CREMA- 24B, DATE MOVAL (Specify)			ERY OR CREMATORY 240 LO	OCATION (City, town, or	
	ATE RECEIVED BY REGISTRAND CAL REGISTRAND CEP 26 1950	SSIGNATURE	Di Cacca	25 FUNERAL DIRECTOR		Diddle St
=	VS 150	Waltow IVA	MEULA, MIE	VIII O Mancel	- , , jerneary	7 20000/-
1			12081	7		930



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 8211

BI	RTH NO.			CLIVIII ICAT	L OI DEATH					
	NAME OF D ype or Print)	ECEASED	LOUISA	GOYERT	2. DATE OF DEATH Sept. 22, 1950					
3. A.	PLACE OF D Baltimore (EATH: City, Maryland 38:	17 Echo	dale Ave.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. HO				ion, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
	100				Baltimore 27-0 township)					
C.	Length of s	tay in Baltimore		life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 3817 Echodale Ave.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Year Months Days	Hours Min.				
10	female	white CUPATION (Give kind of	10s KIND	Married OF BUSINESS OR	June 4, 1878	72	I 12. CITIZ	EN OF		
work	done during most	of working life, even if retired)	TOB. MINE	INDUSTRY				COUNTRY		
12	house			at home	Baltimore, Md. U.S.					
13	. FAIRER S				14. MOTHER'S MAIDEN NAME					
			ian Sch	wemm	Catherine Gardner					
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
ì	no			no	Henry Goyert, husband, above					
	18. 42	A 1		CAUSE	OF DEATH			VAL BETWEEN		
	DISEAS	SE OR CONDITION	DIRECTIV		ONSET			AND DEATH		
		LEADING TO DEA	TH	t., 0	- Camain wer lunia		1/2	(a)		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									
	injury or complication which caused death.) DUE TO									
	ANTECEDENT CAUSES									
6	DISEASES OR CONDITIONS, IF ANY, GIVING							• • • • • • • • • • • • • • • • • • • •		
5	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.									
Ü	ONDERETING CONDITION EAST.									
보	(C)									
ERTIFICATION		GIGNIFICANT COND			trol: 4. ti)				
U		DISEASE OR CONDITION			Cont die ON MANA		120	AUTOPSY?		
7	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF	RATION		YES	No K		
Ü	21A ACCIDE	ENT, SUICIDE,	1 218 PI 4	ACE OF INJURY (e. g.,	n or 21c, WHERE DID	If in Baltimore City,				
EDICAL	HOMICIDE	(Specify)		arm, factory, street, office bldg.						
Σ		(Month) (Day) (Year)) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?							
	F INJURY			WHILE AT NOT WHILE						
		m. WORK AT WORK 19								
119	22. I hereby certify that I attended the deceased from the state of th									
	deccased alive on 22, 1950, and that death occurred at 0.30 P. m., from the causes and on the							23c. DATE SIGNED		
	Aleste Sala Par By and States By						- 2	23 1950		
24	AA. BURNAL,	CREMA- 248. DATE	21100	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow				
TIC	ON. REMOVAL (S	Specify) Se. 26.	1950 H	Baltimore Cem.	North	Ave. & Rose	St Bo	1+0 Ma		
	ATE RECEIVE	D BY REGISTRAR			Schimonek Fundra	Home Tro	ADDRES	S		
	050 00	turk turk	water/	Villians, M. II	2601 3 5 F Mod:	THE COME				
3	VS 150	1950	0 -			3071 06.	10			



RUNIENICZ 8212 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED. 2. DATE (Type or Print)/ OF DEATH 3. PLACE OF BEATH:
A. Baltimore City, Mary 4. USUAL RESIDENCE (Where deceased liked, If institution: residence
A. STATE
B. COUNTY
before admissi A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) inare Yrs. D. STREET ADDRESS (If rufal, give location). Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE MARRIED If Under 1 Year AGE (In years) If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHOLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME . MOTHER'S MAIDEN NAME Mank Murcha 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAR (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. 422,1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICA 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 7 19 U, that I last saw the 22. I hereby certify that A attended the deceased from A 30 fm., from the Jauses and on the date stated above. 14 22, 19 VG, and that death occurred at deceased alive on 23A. SIGNATURE 23B. ADDRÉSS 23c. DATE SIGNED Que 24A. BURIAL, CREMA-JION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 257 FUNERAD DI ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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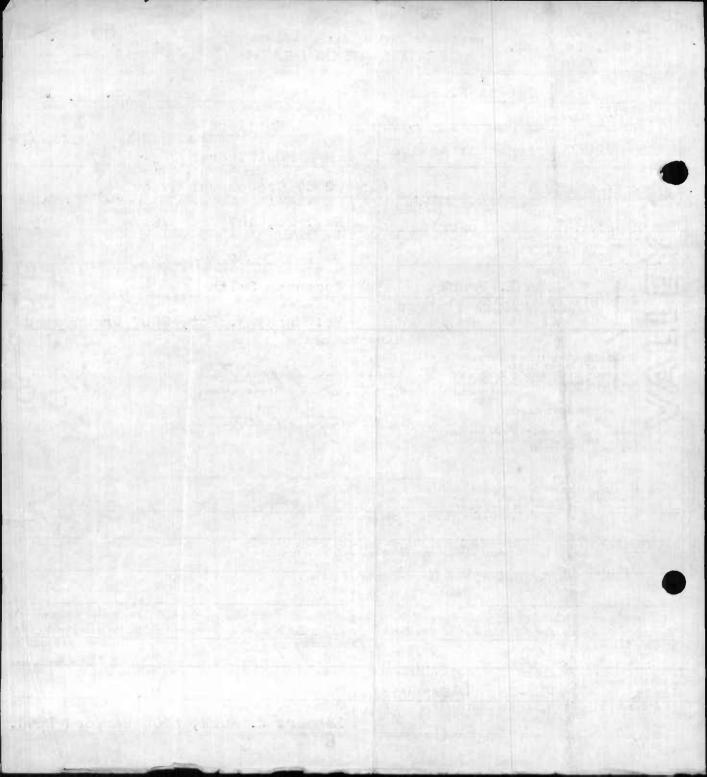
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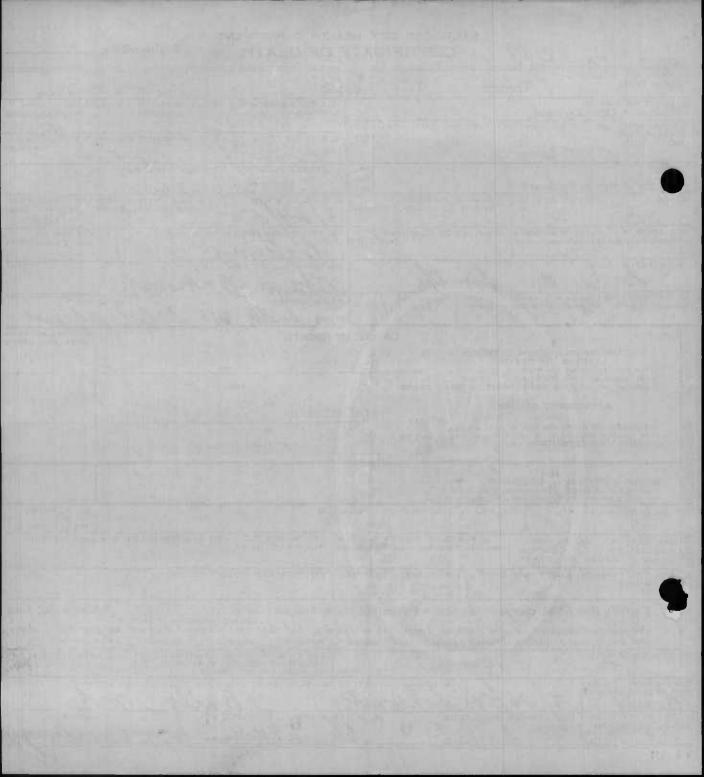
DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) BUDZINSKI 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) (If rural, give location) STREET ADDRESS Mos. gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | M Under | Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORGED (Specify) yarra 10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUST INDUST 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? wito Dody Warkey 13. FATHER'S NAME 14. MOTHER'S MAIDEN, NAME tento 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., SKull fracture heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subdural ANTECEDENT CAUSES Multiple tractures of 11 bs DISEASES OR CONDITIONS, IF ANY, GIVING RTIFICATION RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING TO OR CONTRIBstreet Dundalk and Danville Ave. UTING [] CAUSE OF DEATH. WHITE AT NOT WHILE 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? NOT WHILE 1950 abt. m. | Pedestrian struck by streetcar WORK 22. I certify that I took charge of the remains described above, held an All 10 thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\Bigcap_1\), accident \(\Bigcap_1\), suicide \(\Bigcap_1\), homicide \(\Bigcap_1\), undetermined \(\Bigcap_1\). 23B. CHIEF MEDICAL EXAMINER..... 23A SIGNATURE MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 248 DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS

THE ASSET OF THE PARTY OF THE PARTY OF HEADO NO STRADINISTED CALIFFE OF DEVIN

Dr. Lippy 50 50 8214 BALTIMORE CITY HEALTH DEPARTMENT 426 S. Patt Pk. Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Algerta B. Fox DEATH Sept. 25, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A Baltimore City, Maryland B. COUNTY Marvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2907 Greenmount Avenue township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2907 Greenmount Avenue c. Length of stay in Baltimore Dave 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years) II Under I Year 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. female white Nov. 28, 1877 married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at home Baltimore Co Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John R. Frank Susannah Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) | (If yes, give war or dates of service) SECURITY NO. Mr. Harry W. Fox. 2907 Greenmount INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., otc.) INJURY OCCUR? . TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from Sefet VI . 1950 to Selet 25, 1950, that I last saw the deceased alive on Selst 14. 1950, and that death occurred at 72%, m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE. (Laterson 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, of county) 24B DATE Burial Parkwood Balto Md. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR Leonard J. Ruck, 5305 Harford Road. VS 150 061.0

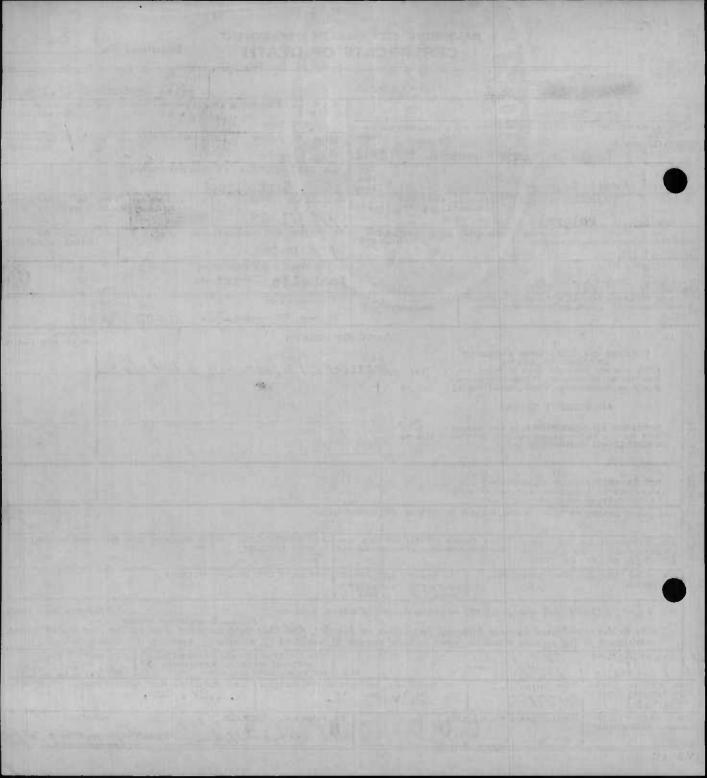


m 1 4 2 1 4 1 2	HEALTH, DEPARTMENT 50 8215 TE OF DEATH Registered No.							
1. NAME OF DECEASED (Type or Print) Thomas G.	Smith 2. DATE OF DEATH Sept. 25, 1950							
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF Of not in hospital or institution, give street address	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)							
HOSPITAL OR INSTITUTION 3307 Leverton Ave.	c. CITY OR TOWN (If outside corporate limits, write RURA) and give township)							
congth of stay in Baltimore Mon	D. STREET ADDRESS (If rural, give location) 3307 Laverton Ave.							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speed	8. DATE OF BIRTH 19. AGE (In years) # Under 1 Year 1 ft linder 24 House							
10A. USUAL OCCUPATION (Givekinduf North Mark done during most northing life, even if retired) INDUSTR	Balluman 12. CITIZEN OF WHAT COUNTRY?							
13. FATHER'S NAME LOWIS A. Smith	Catheris Maiden Name							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no nr unknnwn) (If yes, give war nr dates of service) 16. SOCIAL SECURITY NO.	my Amith 615 1 Belnord and.							
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH Prematurity (A) Prematurity (B) Atelectasis (B) CAUSE OF DEATH ONSET AND DEAT (C) Subarachnoid and adrenal hemorrhage 3								
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDI	YES NO							
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.								
Z 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR INJURY m. WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WORK	LE							
22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER								
DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE SEP 261950	25. EUNEBAL DRECTOR ADDRESS Rlavenu PH Sman 1639 Broadway							
V 0 1)1	1601							



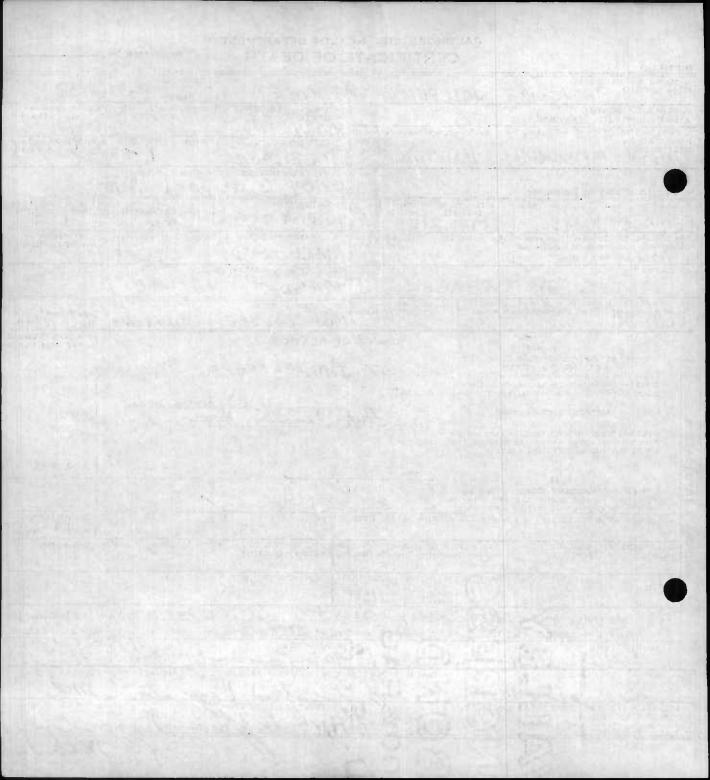
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH	CERTIFICATE OF DEATH Registered No.								
***************************************	OF DECEAS	SED	BELL	CARTER		2. DATE OF Sent	ember 2	3.1950	
	E OF DEATH:		DEGE	CAR I I III	4. USUAL RESIDENCE (4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission			
B. FULL HOSPITA	NAME OF		tal or institu	tion, give street address location	Maryland				
INSTITU		th Baltim	nore Gen	neral Hospital	Baltimore	66	-01	township	
c ng	th of stay in	Baltimore		Yrs. Mos. Day:	7 T T 1 CL				
5. SEX		LOR OR RACE		E, MARRIED, WED, DIVORCED (Specif	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days	Hours Min.	
fema		olored		W	9/23/1893	57	9 9		
work done du	riog most of working	FION (Give kind of glife, even if retired.	108. KIN	D OF BUSINESS OR INDUSTR	Υ	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR			
Domes	tic HER'S NAME				Virginia				
					Isabelle Brax				
	m Carte	R IN U. S. ARME	n FORCES	I 16. SOCIAL		COII			
(Yes, no or u	nknown) (If y	es, give war or date	es of service)	SECURITY NO.	17. INFORMANT	ooo Chama	ADDRESS		
No	11/ 4				Mary Thomas-	900 Snarp		VAL BETWEEN	
(Т	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Massive Pulmpyury Fmbolus							AND DEATH	
in	heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) DUE TO								
	ANTECEDENT CAUSES								
Z DI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							***************************************	
CAT	UNDERLYING CONDITION LAST.								
C TR	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED								
U 19A. I	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							AUTOPSY?	
Z 21A.	21A EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give							location)	
	218. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?								
∑ 210.									
22.	22. I certify that I took charge of the remains described above, held an thereon and fro								
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural eauses \(\mathbb{I} \), accident \(\mathbb{I} \), suicide \(\mathbb{I} \), homicide \(\mathbb{I} \), undetermined								
	RIGNATURE	11-lower	4		238, CHIEF MEDICAL ASSISTANT MEDICAL M.D. MEDICAL INVESTIGA	EXAMINER	Sept. 23	IGNED	
24A. BU TION, REM Bur:	RIAL, CREMA- LOVAL (Specify)	248. DATE 9/27/5	0		ERY OR CREMATORY 24D.				
DATE RE	CEIVED BY	REGISTRAR		URE Q O	25. FUNERAL DIRECTOR	8-2 mont	ADDRES	s el	
V S 151		o Alon	Tore I VIII	7208	A	11	1 a	ties .	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	OCL			CERTIFICATI	E OF DEATH	Registered N	0
	NAME OF E	DECEASED				2. DATE	
	ype or Print)	CATHERIN	E JO	SEPHINE N	1ATHIES	OF DEATH 9- 7	16-50
	PLACE OF E	City, Maryland		Value Balli	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution : residence before admission)
B.	FULL NAME		al or institut	ion, give street address or	MARYLAND	1.0	SU
	STITUTION	MA man ala	11	location)	0	f outside corporate limits	verte RURAL and give township)
1	INTOW	MEMORIA	HO		IJALTIMORE		
				Yrs. Mos.	2009 GUIL	FORD AV	15
-	SEX	stay in Baltimore	7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year H Under 24 Hours
FI	EMALE	WHITE	WIDOW	PROJUCTED (Specify)	AUGUST 23,1906	last hirthday) Mor	ths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	IOB. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY
		EWIFE		INDUSTRI	MARYLAND		1) SA
13	. FATHER'S				14. MOTHER'S MAIDEN N		
	WALT			RGER	MABLE	HAMMON.	\mathcal{D}
(Yes	, no or naknowa	ED EVER IN U. S. ARME! (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		2009 Guilford
UN	KNOWN				MISS DOLORES	CUSHING	BALT 18 MD.
	18. 44	3X .		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION		/			> ,
		es not mean the mode ure, asthenia, etc. It men	of dying, e.		INTRACEREBR	96 HEMORIA	955
		complication which			4	4. 4.1	
		ANTECEDENT CAU	SES	14.	1 To	diovescula!	> >
Z	DISEASE	ES OR CONDITIONS,	E ANY CIVII	(B)	prouse p	Sull Sull	
Ĕ	RISE TO	THE ABOVE CAUSE (A)	STATING T				
<u>S</u>	ONDENE	into combinion i					
ERTIFICATION		п		(C)			
2		SIGNIFICANT COND					
ū	TO THE	DISEASE OR CONDITION	CAUSING		PATION	••••••	20. AUTOPSY?
AL	ISA, DATE	OF OPERATION	SB. MAJOR	FINDINGS OF OFER	KATION		YES NO
EDICAL		ENT, SUICIDE.		ACE OF INJURY (e. g., i		(If in Baltimore City, g	ive exact location)
	HOMICIDE	(Specify)	about nome,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
L	INJURY		m.	WHILE AT NOT WHILE			
	22. I herei	hu certifu that I at			Am 9-26, 19 10, to /	:35 Am 9-26, 19 50	that I last saw the
	deeeased o	live on Sort. 26	19 50	and that death occur	rred at 1:35 Am., from	the eauses and on th	e date stated above
		TURE	,		23B. ADDRESS	· 1/1.24A	23C. DATE SIGNED
	M	chard 13	each	М. О.	Thur Memore	of Assberg	1/26/50
TIO	AA. BURIAL, ON, REMOVAL (CREMA- 24B. DATE Specify)		24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)
_	Bringel	Sent	19/30	ance Hu	I lem N.	aguston	ADDRESS
	ATE RECEIVE	TRAR	Jun 11 feel 1	JRE	25. FUNERAL DIRECTOR	บ	MDURESS
5	FP 2619	50 mendy	可怜 / 形以	MANAGEMENT O	DELS NOW	nan Mag	erologn.
	VS 150	Agent				00	md.
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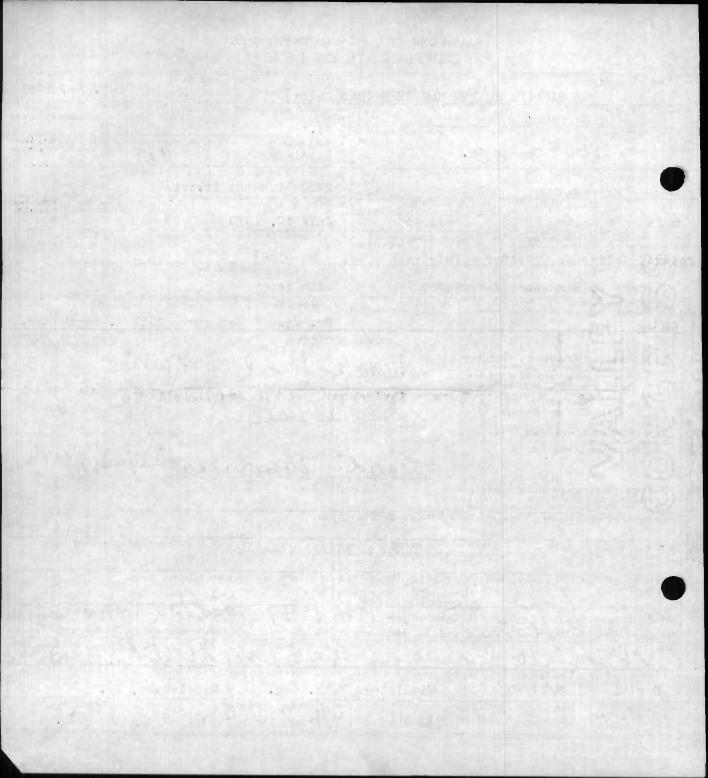
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BALTIMORE CITY HEALTH DEPARTMENT	50 8218
CERTIFICATE OF DEATH Registered	i No.
1. NAME OF DECEASED 2. DATE	
GEORG VOVLGANAND DEATH E	PT,24, 1950
a. Baltimore City, Maryland 6.44 4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	nits, write RDRAL and give
INSTITUTION R. X nursing Home Ball 6 tu	township)
Yrs. D. STREET ADDRESS (Afford), give location)	
c. Length of stay in Baltimore 6 years Mos. 1913 EVTAW	
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. 8. DATE OF BIRTH 9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR (11. BIRTHPLACE (State or foreign country)	1 12. CITIZEN OF
work done during most of working life, even if retired)	WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MANDEN NAME	100
Inknown Caknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or nnhnown) (If yee, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
no no 067-07-9668 millinger 1913 En	Paw Blace
18. 18/ CAUSE OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., (A) carcinoma of bladder	12 mos
heart failure, asthenia, etc. It means the disease,	12 1103
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES Z	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED Marked secondary anemia due to a	
UNDERLYING CONDITION LAST.	
[C)	
	3 mos.
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	YES NO X
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore Cit about home, farm, factory, street, office bldg., etc.)	y, give exact location)
Z	
MHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from July 24, 1950 to Sept. 24, 19	50, that I last saw the
deceased alive on Sept 22, 1950, and that death occurred at 3:00pm., from the causes and or	the date stated above.
23A. SIGNATURE & BARRON, Code 23B. Appress 2431 Maryland Ave.	9/26/50 SIGNED
24A BURIAL OREMA, 24B SATE 124C NAME OF CEMETERY OF CREMATORY 1, 24D LOCATION (City, to	
Tion, REMOVAL (Specify) Sept 26 19.50 Mond Creen Completed Wood Comments	Broxa ma
DATE RECEIVED BY A REGISTRAP SIGNATURE 1.25 FUNERAL DIRECTOR	
	ADDRESS
SFP 261950 with of Myliants, Maria Pharters 1903	ADDRESS Place
	ADDRESS COLORS

TARREST TO THE STATE OF THE STA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8219

Registered No-BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Sept. 25. 1950 OF WILLIAM AUSTIN HAMPSHER (Hampshire DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY A. Baltimore City, Maryland A. STATE Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 2430 Ellamont St. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mes. 2430 Ellamont Atreet c. Length of stay in Baltimore Davs 5. SEX 8. DATE OF BIRTH 6.COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) white widowed July 19, 1870 80 male 10A, USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? retired Telegraph Operator Marvland Telegraph 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George T. Hampsher Susan Kaenv 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Joseph Hampsher 2001 E. North Ave. 42211 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY7 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION MEDICAL YES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT WORK 22. I hereby certify that Lattended the deceased from Non . 195 Qhat I last saw the 1-23 195 Oand that death Solland m. from the causes and on the date stated above. deceased alive on 23c. DAME SIGNED 23A. SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Middletown Meth. Cem. Middletown, Md. ADDRESS FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



(Type or Print)

INSTITUTION

female.

Housewife

13. FATHER'S NAME

5. SEX

RTIFICATION

Ü

EDICAL

1. NAME OF DECEASED

A. Baltimore City, Maryland

ngth of stay in Baltimore

10A. USUAL OCCUPATION (Givekinder)

work done during most of working life, even if retired)

William A. Ebert

19A, DATE OF OPERATION

214. ACCIDENT, SUICIDE

HOMICIDE

23A SIGNATURE

osling 244 SURIAL, CREMA-TION, REMOVAL (Specify)

(Specify)

D. TIME (Month) (Day) (Year) (Hour)

6. COLOR OR RACE

TO THE DISEASE OR CONDITION CAUSING IT.

22. I hereby certify that I attended the deceased from.

24B, DATE

white

3. PLACE OF DEATH:

B. FULL NAME OF HOSPITAL OR

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

location

Yrs. Mos.

Days

INDUSTRY

A. STATE

C. CITY OR TOWN

Baltimore

B. DATE OF BIRTH

Marvland

Jan. 21, 1889

21c. WHERE DID

25 FUNERAL DIRE

21F. HOW DID INJURY OCCUR?

MARY R. FOUCH

(If not in hospital or institution, give street address or

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

108, KIND OF BUSINESS OR

widowed

198, MAJOR FINDINGS

deceased alive on Sept 24 19 50 and that death occurred at 81

bushin aport / Yelfrantis

accuerna

WHILE AT WORK

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.)

21E. INJURY OCCURRED

24c. NAME OF CEMETER

Lorraine Cem

5204 Fernpark Ave.

50 8220 Registered No_ 2. DATE OF Sept. 25, 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY (If outside cornerage limits, write BURAlennd give D. STREET ADDRESS (If rural, give location) 5204 Fernpark Ave. 9. AGE (In years | | Under | Yeer | last birthday) | Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME Fannie V. Zimmerman

(If in Baltimore City, give exact location)

from the causes and on the date stated above.

24D. LOCATION (City, town, or county)

5	was deceased ever in U.S. armed forces? s, no or unknown) (If yes, give war or dates of service)	security no.	Mr. Alton E. Fouch	ADDRESS 5204 Fernpark Ave.
	18. 170 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death. ANTECEDENT CAUSES	(A) Care	1	Breast 2 hyr
	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	(C)		
	TRIBUTING TO THE DEATH BUT NOT BELATE			

VS 150

Buria]

DATE RECEIVED BY

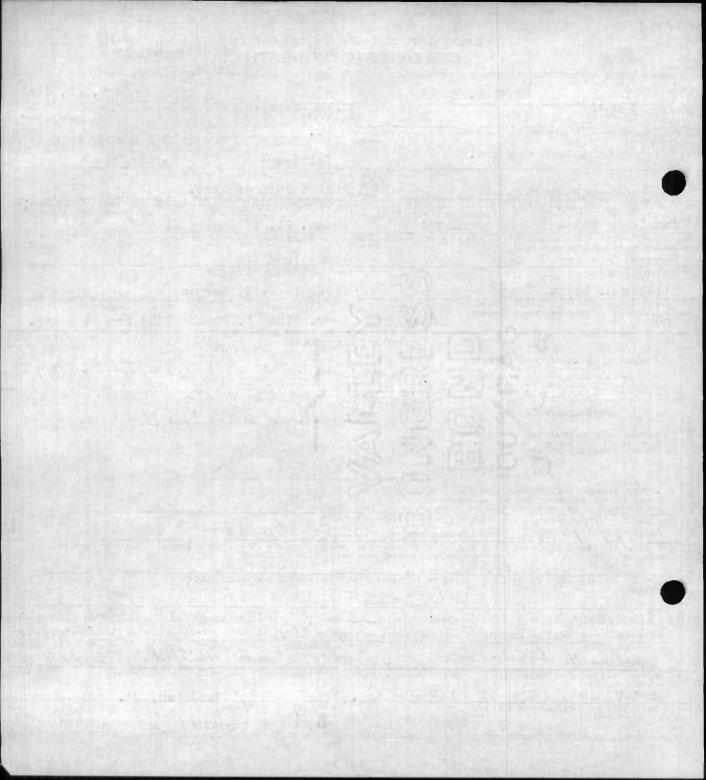
LOCAL REGISTRAR 261950

, 1950, that I last saw the

ADDRESS

23c. DATE SIGNED

AN 26/950



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

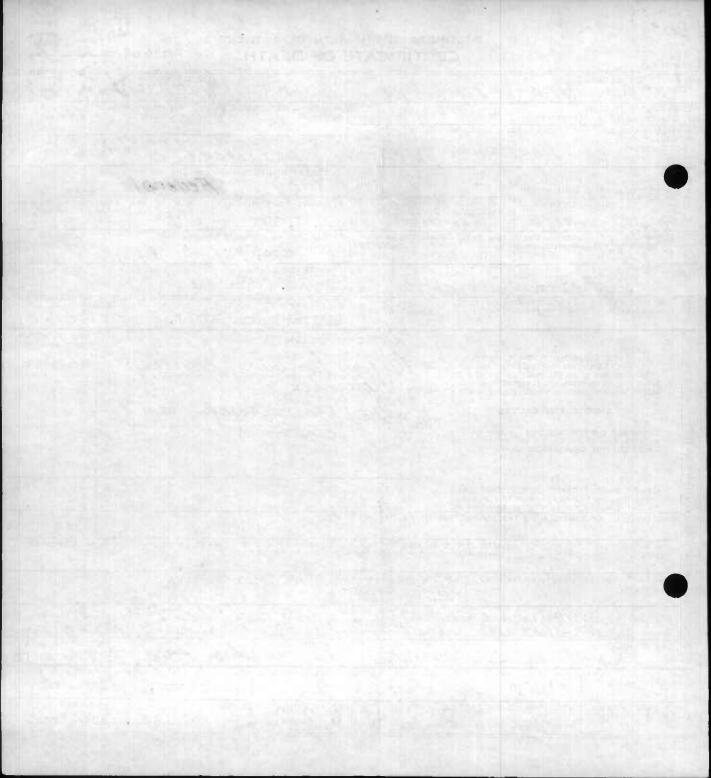
		I has had	4			CEF	RTIFIC	ATE	OF DE	ATH		Registe	red No.		
_	RTH N														
1. (Ty	W.	Print)	r/S-	Ma	urio	e.	1.	F	inn			OF S	ept	35	1950
		more (City, Ma		B	alt	0.	A	. USUAL RE	SIDENCE	(Where	deceased liv B. COUN			residence ore admission)
HO	SPITA		OF (I	f not in hos	oital or instit	ution, giv	ve street addre	4:0m \ -	. CITY OR T	Ma.	(If qutsid	le corporate	l mits,	Fit CRU	RAL and give
1144	10	TON		119 1	1. Oc	rho	im St			13a	Ito				township)
	net	th of s	tav in F	Baltimore		4.7	60 1	Mos.	STREET A	DDRESS	If rural,	give location	⁽ⁿ⁾ S	1	
	SEX	01 0		R OR RAC	E 7. SING	LE, MAR		Days 8	DATE OF E	IRTH		GE (In yea		der I Year	If Under 24 Hours Hours: Min.
104	Jal	e	W	hite ON (Give kind		Jarr	red		104.92	1890		27			
work	donedur	riog most o	of working li	fe, even ifretire	sd) S	P	USINESS O		. BIRTHPLA	CE (State of	Toreign	country)	12	WHAT	EN OF
13.	FATH	EHSI	IAME	101	100		27.65.	14	MOTHER'S	MAIDEN	NAME	10	1	0.	0./4
15	Ma	LUT	I C	Q NH C ARM	ED FORCES?	14	n		=//10	re	ho	900			
(Yes,	Bo or u	inkoown)	(If yes,	give war or d	ites of service)		SECURITY N	NO. 17	, INFORMA	F	1 10 10	119	NI	RESS	10:01
T	18.	44	21				CAU	SE OF	DEATH		na	7.1.1	/1.	INTERV	AL BETWEEN
		DISEAS		ONDITION IG TO DE	DIRECTL	Y	1	Lun	D	- (0, 0.	- 1/-	-0	ONSET	AND DEATH
	hea	art failu	not mea	n the mode	of dying, cans the disc	ase,	(A)		Quis	eaf C	ero	0-101	Culor		*********************
	ını				caused des	ith.) D	ÚE TO	1the	the d	hene				he	en.
NO	DI			DENT CA	IF ANY, GIV		(B)			, -, , ,		••••••		0	
Ĕ	RIS	E TO T	HE ABOV) STATING		DUE TO	0	whin	7a	0,00			7,	11010
FICATI							(C)		14040	, ,	2047	•••••••			wen.
ERTI					DITIONS C										
S.					T NOT RELA										
AL.	19A, [DATE O	F OPER	ATION	198, MAJC	R FIND	INGS OF	OPERAT	ION					20. A	NO NO
EDICAL	LYIN		CONTE	S UNDER			F INJURY (21c. WHE INJURY C		(If in I	Baltimore (City, give	e exact	
Σ	1p. 7			(Day) (Yes	ir) (Hour)	21E. IN	NJURY OCC	URRED	21F. HOW	חראו מום	RY OCC	UR?			
					m.	WHILE A		WHILE WORK		100					
	22.]	hereb	y certif	y that I a	ttended th	e decea	sed from_ hat death o	Jun		194 to_	repo				ast saw the
1				0		L. ana ti	nat aeain c		ADDRESS						ated above.
24	1	RIAL, C	Clan	~ 4-	Lean	5	M. E	o.	3025	Dela	- K	TO City	tour or	9-2	(State)
	N, REM	IOVAL (S	pecify	248, DATE SEPT 2	8 1950			SISR	AL CE	1.5		ON (City,			MD.
DA	TE RE	CEIVE	D BY	REGISTRA	R'S SIGNA	TURE	0		. FUNERAL	DIRECTOR		-VEN		DDRES	
-) LT	201,	2584	miling	忘。19	ideli	JALA	3 8	250	Bis	0 /0	8000	Tom	lan	el St
	VS	150		- 0			510	.61	1					09	3 d
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8222 Registered No.

ВІ	RTH NO.			CERTII ICATI	- OI DEATH		
(T		RS. JEAN	INETTI	E MURTLE	BURKE	DEATH	105/50
	Baltimore	City, Maryland			4. USUAL RESIDENCE	DE (Where deceased lived, B. COUNTY	If institution; residence before admission)
B. HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hosp		ion, give street address or location)	C. CITY OR TOWN		ots, write RUR) L and give township)
	11-1	ST. JOS	12 1-61	HOSP.	BALTIN	V	township)
C.	Length of s	stay in Baltimore		Yrs, Mos. Days	3009 E.	(If rural, give location)	57.
	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Months: Days Hours Min.
7	EMALE	WHITE	MA	RRIED	Feb. 7, 1902	48	
10 work	A. USUAL OC done during most	CUPATION (Give kind of working life, even if retired	f 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat		12. CITIZEN OF WHAT COUNTRY?
	housewi		own	home	Baltimore, M		
13	FATHER'S	NAME			14. MOTHER'S MAID		
		hn Heilman			Mary E. Schi	minger	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMI (If yee, give war or de:	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Willard Burke	, 3009 E. Fede:	ADDRESS ral Street
ERTIFICATION	(This doe heart fail in jury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DE. s not mean the mode ure, asthenia, etc. It mode complication which ANTECEDENT CAL S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION) II SIGNIFICANT CONIG G TO THE DEATH, BU	ATH of dying, e. g eans the diseas caused death USES IF ANY, GIVIN) STATING TH AST. DITIONS CON	(B) DUE TO	siass	eardw six and	
Ü	TO THE	DISEASE OR CONDITIO	N CAUSING I	Т	ATION		20. AUTOPSY?
7	19A. DATE	OF OPERATION	19B, MAJOR	FINDINGS OF OPER	ATION		YES NO
EDICAL	21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in arm, factory, street, office bldg.,		(If in Baltimore City	
×	D. TIME INJURY	(Month) (Day) (Yea		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID IN	JURY OCCUR?	
		by certify that I a		deceased from 9	7 35		, that I last saw the the date stated above.
	23A. SIGNA	naddeus	Sin	vinsky. 2	3B. ADDRESS	l's Hop.	9 25 50
710	AA. BURIAL. ON REMOVAL (burial	Specify) 9/28/5		Western Ceme		Baltimore,	Maryland (State)
	ATE RECEIVE		S SIGNATU	acus Again	Www. Gook, Inc		ADDRESS Paul Street



_	2	56
		8223

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) ELLA MAY KASEMEYER DEATHSept. 25,50 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION township) 2121 McElderry Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2121 McElderry Street c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MATT1 80 last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years) May 15, 1878 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Housewife At home Baltimore, Md. USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elisa Powell Samuel F. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, op or upknown) (If yes, give war or dates of service) 17. INFORMANT4 Greenbriar Rogueres 16. SOCIAL SECURITY NO. (Yes, oo or uokoowo) Mrs. Genevieve Gatch No none INTERVAL BETWEEN CAUSE OF DEATH 18 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE! WHILE AT WORK , 1950, to Sipt 25 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ 24, 1950, and that death occurred at IP m., from the causes and on the date stated above. deceased alive on SADT 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

Baltimore Cemeterv

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

/27/50

Baltimore, Md.

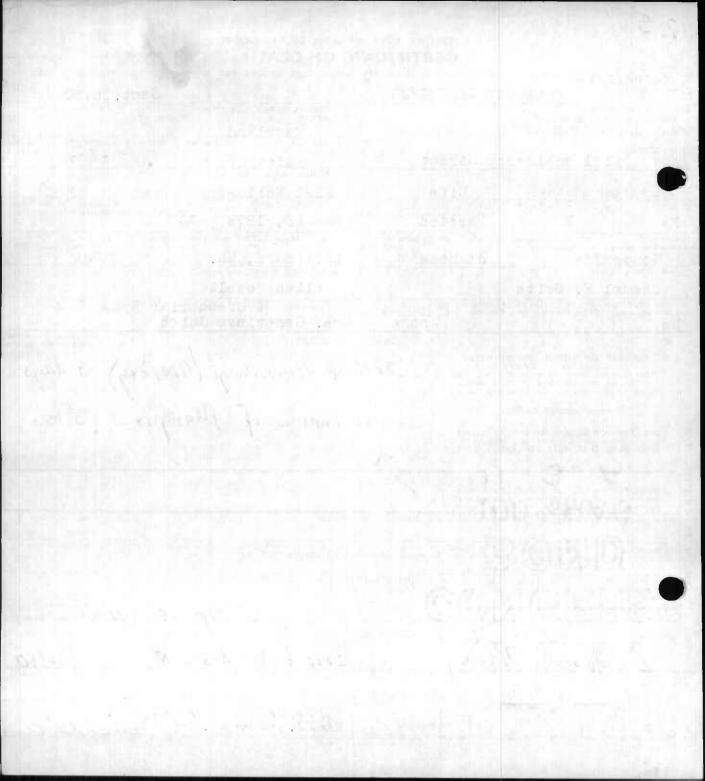
DATE RECEIVED BY LOCAL REGISTRAR SFP 761950

burial

REGISTRAR'S SIGNATURE I waster along / fall

HENTERS ANDER & SONS. BALTO, -13 MD.

INC ADDRESS



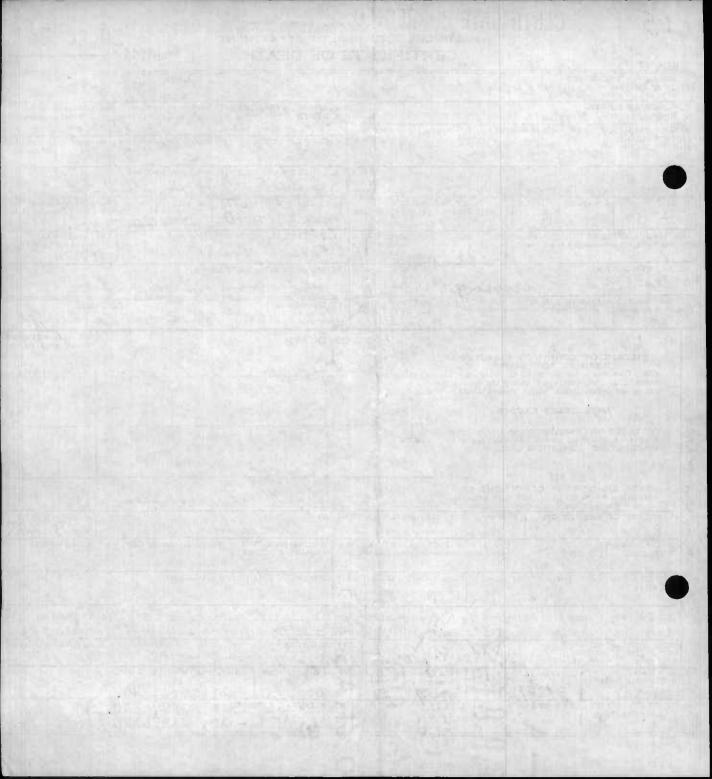
0 8223

CERTIFICATE CORRECTED 9-28-50

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 50 8224;

		1746	-
Registered	No		4

1. NAME OF DECEASED (Type or Print) CATHERINE IRVIN	VG 2. DATE OF DEATH 9/25	-150
3. PLACE OF DEATH: A Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution : residence kcfore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		nore
INSTITUTION Mercy Hospital	C. CITY OR TOWN (If outside corporate limits, wi	township)
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)	101
c. Length of stay in Baltimore Days	6208 Old Harford	Rd.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	last birthday) Months	1 Year H Under 24 Hours
I While Widowed	May 23, 70 FO 79	vrs.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY
Howf. at home		1.5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Daniel Hennig	Catherine Schaub	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, po or nuknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	RESS
(If yes, give war or dates of service) SECURITY NO.	Son 2602 Goodwood Rd	. Bsts. #14
18. 153 V CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	cinoma of Cecum	22 months
heart failure, asthenia, etc. It means the disease,	1	
injury or complication which caused death.) OUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING		***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		Title
II(C)		
OTHER SIGNIFICANT CONDITIONS CON-	1. 11.t.	10 m. +
TO THE DISEASE OR CONDITION CAUSING IT.	recipes are and are and are are a second	1
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	YES NO
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., i	in or 21c. WHERE DID (If in Baltimore City, give	
HOMICIDE (Specify) ebout home, farm, fectory, street, office bldg.,		
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
F INJURY WHILE AT NOT WHILE		
m, work AT WORK	46 6 1 4 25 5	
22. I hereby certify that I attended the deceased from deceased alive on 32-25, 1950, and that death occur 23A. SIGNATURE	2.4, 1930, to sept. 23, 1930, th	hat I last saw the
deceased alive on 342 - 25, 1950, and that death occur	rred at 2: p.m., from the causes and on the a	
William 18 Karen 8.	When is passital	3c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240/ LOCATION (City, town, or o	ounty) (State)
TION, REMOVAL (Specify)		
burial 9/28/50 Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE	Cemetery Baltimore, Md.	DRESS A
LOCAL REGISTRAR	HENRY AS AND ERE & SONS, INC. OBALTIMORE - 13, MARYLAND	Dea: / 1/2
2 5 70 30 m 3 2 2 0 1 1	DALEST MUNICIPALITY OF MARITHME	/ pellers.//olly

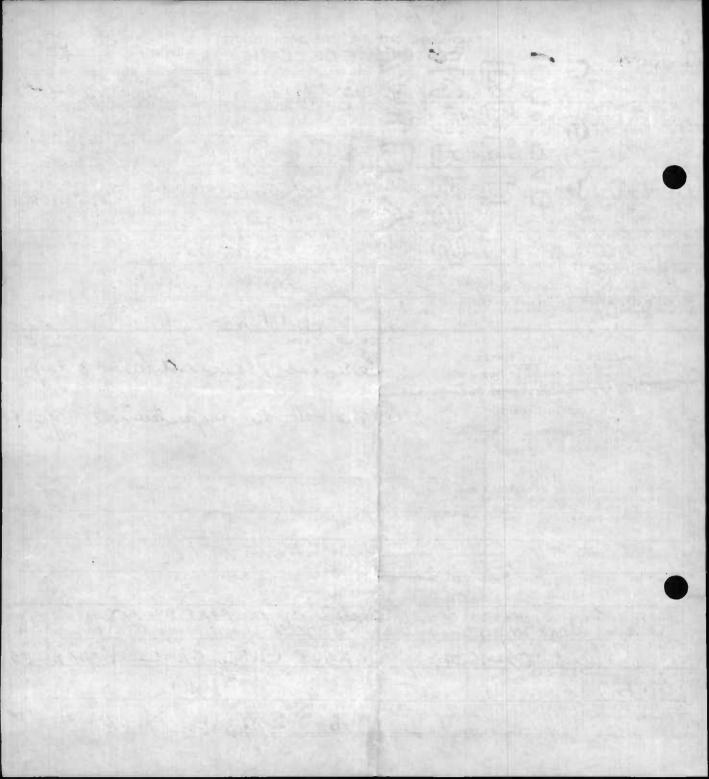


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6)	-/	
ART	H R	22	.0

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8225

BIRTH NO:	
1. NAME OF DECEASED (Type or Print) antonina He	ortieg 2. DATE OF DEATH Sept. 24-17-0
a. Baltimore City, Maryland Balto. City	A. USUAL RESIDENCE (Where deceased lived! If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate life is, write RURAL and give
NSTITUTION 417 &, Bond St.	Balto, 3-0/ township)
r. Length of stay in Baltimore Yrs. Mos. Bays	D. STREET ADDRESS (If rural, give location) 419 S. Bond St
S. SEX 6. COLOR OR, RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Under 1 Year Months Days Hours Min. Dec 20 -/897 5 2
IOA. USUAL OCCUPATION (Give kind of ork done during must of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Solossen	Magolalena Sweszko
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Edward Monttley 4192 Con t.
18. 33/X CAUSE	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	20 0 The 20 12 0
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	relise Hemorraghe 3 days
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	us Aclarta Agpertersion yos?
DISEASES OR CONDITIONS, IF ANY, GIVING	is to see the properties of the
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
II (C)	The second secon
OTHER SIGNIFICANT CONDITIONS CON-	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO D
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deccased from	lewher 1950, to Sept 24, 19 What I last saw the
deceased affive on Lent 27, 19 10 and that death ocen	rred at 7 301 m., from the causes and on the date stated above.
	238. ADDRESS 2 2 2 C. DATE SIGNED
meen Dudle M.O.	2348 Culaw Olve Hept 26-50
24A. BURIAL / CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Bulla 1 12.08-80 57000 C	1.25 FUNERAL DIRECTOR ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
P 201950 1- 4 1分別に以上検索	MONE Gel William Man De la Company

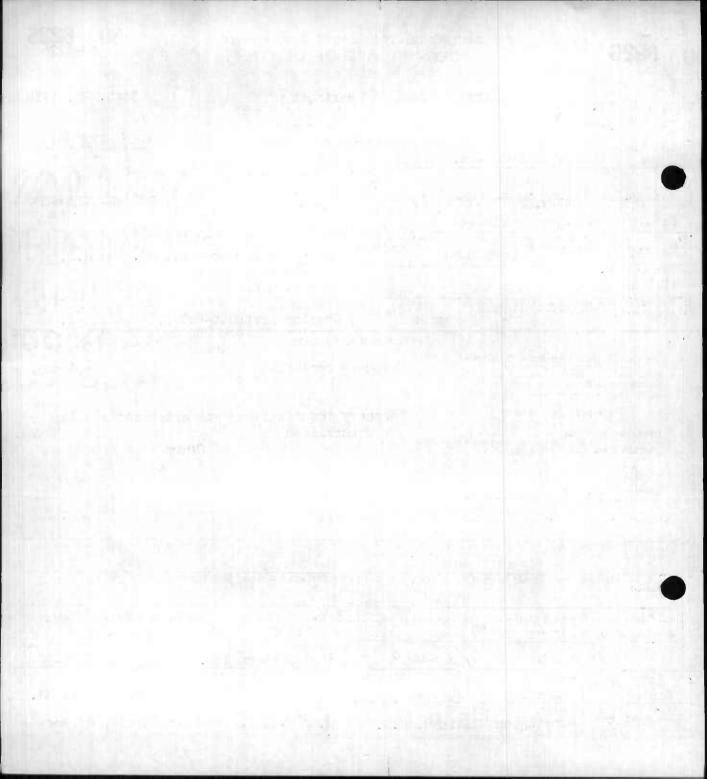


635 0 8226

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8226 egistered No. 50-8226

	RTH NO.				CERTIFICAT	E OF DEATH	110810101	
1.	NAME OF DE	ECEASE	D				2. DATE	
(T)	ype or Print)			Mary	Emma	Hartnett	DEATH S	ept. 25, 1950
	PLACE OF DE Baltimore C		aryland			4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	If institution: residence before admission)
В.	FULL NAME			al or instituti	ion, give street address o			1
	SPITAL OR STITUTION	00			Iocation	c. CITY OR TOWN	(If outside corporate lin	nets, write RURAL and give township)
_		807	S. Ellw	ood Ave		Baltimore		township)
1					Yrs. Mos.	D. STREET ADDRESS		
_	Length of st			37	yrs. Days			
5.	Female		or or RACE	7. SINGLE WIDOW WIDOW	E, MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH Aug. 14, 1876		Months Days Hours Min.
10	A USUAL OC	CUPATI	ON (Givekinder	I TOR KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
ork	done during most o	working!	ife, even if retired)	own ho	INDUSTR			WHAT COUNTRY?
13	FATHER'S N	IAME				14. MOTHER'S MAIDE		
	William	Glas	S			Mary E. Gough		
15	. WAS DECEASE	DEVER	IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
A CE	none unknown)	(11, 300	, give war or dage	-	none NO.	Charles Hartn	ett-807 S.Elly	wood Ave.
	18.		,		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS		CONDITION					
	(This does		NG TO DEA		Corons	ry occlusion		l day
	heart failu	re, asthe	nia, etc. It mea	ans the diseas	e,			
NO. W.	RISE TO T	S OR CO	EDENT CAUS ONDITIONS, I VE CAUSE (A) ONDITION L	IF ANY, GIVIN	e ge	ry insufficienc	y and arterios	sclerosis, 3 yrs.
					(C)			
	071155	CHIEL	II COND	ITIONS				
	TRIBUTING	TO TH	CANT COND E DEATH, BUT	NOT RELATE	ŁD .			
וי	19A. DATE O		OR CONDITION		FINDINGS OF OPE			1 20. AUTOPSY?
			0					YES NO X
3	21A. ACCIDE HOMICIDE	NT, SU (Speci	ICIDE,		ACE OF INJURY (e. g., farm,factory,street,office bldg		(If in Baltimore City	, give exact location)
Σ	D TIME ((Month)	(Day) (Year	(Hour)	21E. INJURY OCCUR	RED 21F, HOW DID IN.	JURY OCCUR?	
	INJURY	(Month)	(Day) (Tear		WHILE AT NOT WHILE WORK AT WORK	E	John Godon	
	22 I hamah	ar acuti	for that I at	ton Jod the			Sent 16	O that I last saw the
22. I hereby certify that I attended the deceased from deceased alive on 9-25-, 19-50, and that death occur						usmad at 5.10Pm fre	om the equees and on	the date stated above
	23A, SIGNA			-, 19	ana inai aeain occi	23B. ADDRESS	m the causes and on	23c. DATE SIGNED
	ZSA. SIGNA	NA	ance 1	W III	Yours	3023 Eastern	Ave.	9-25-50
2	4A. BURIAL.	CREMAIL	24B. DATE		24C. NAME OF CEMET	ERY OR CREMATORY 24		
TI	ON, REMOVAL (S	Specify						
	Burial		9-28-	50	Abington, M.E		Abington, Harf	ord Co. Md.
D	ATE RECEIVE	BAR	REGISTRAR	'S SIGNATU	JRE			
	9-20-	50	Hunting	condwil	liams, M.D.	Thomas W. Singl	econ-Gien Burn	ile, Md.



BALTIMORE CITY HEALTH DEPARTMENT 8221 Registered No CERTIFICATE OF DEATH OF Sept. 25, 1950 1. NAME OF DECEASED (Type or Print) FONTATNE POINDEXTER 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before addission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURA) and give INSTITUTION 201 W. Hoffman Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore 201 W. Hoffman Street Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years | Million | Year | Million | Months | Days | Hours | Min. Male Colored manuel 10A. USUAL OCCUPATION (Give kind of) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work don't during most of working life, even if retired) INDUSTRY WHAT-COUNTRY Wall rouse mus w. Va 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME lentemen luciu 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (1f yee, give war or dates of service) 16 SOCIAL SECURITY NO. no INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Luetic aortitis with coronary (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, endarteritis injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Carbon monoxide poisoning TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION U 20. AUTOPSY 19A. DATE OF OPERATION EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., In or 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING A CAUSE OF DEATH. about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? 201 W. Hoffman Street home 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED ept. 25, 1950 WHILE AT NOT WHILE A m. Defective flue in furnace WORK Autopsy 22. I certify that I took charge of the remains described above, held an _ thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [3], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 9-26-50 MEDICAL INVESTIGATOR.

24a. BURIAL. CREMA: 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)
TION, REMOVAL (Specify)
Deb. 1950 Dearrelef alequical, W. Veg.

SEP 26 1950 The ton Fillente, M. 1 8/28. 2. Class 1303 Presstine

V S 151

DATE RECEIVED BY

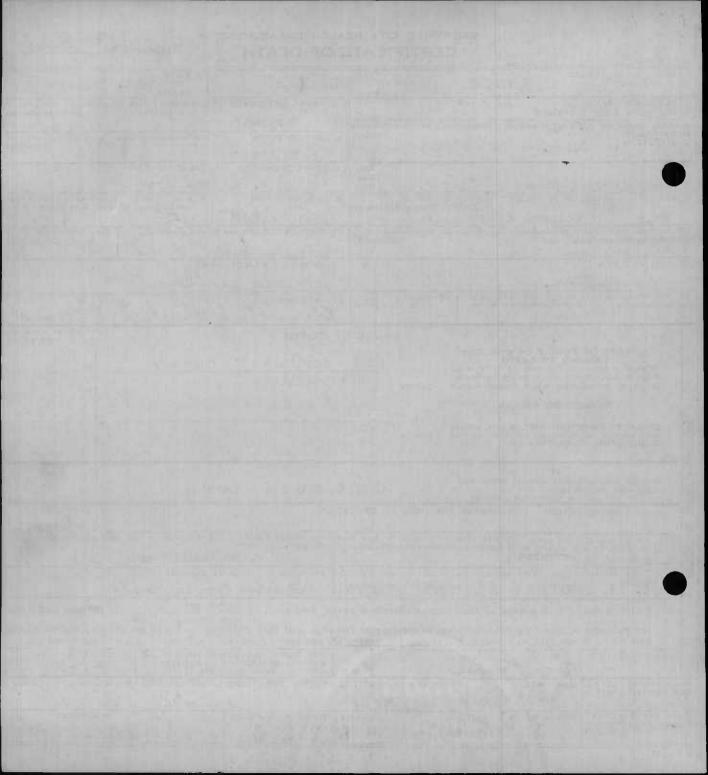
REGISTRÁR'S SIGNATURE

706C

25. FUNERAL DIRECTOR

30 d

ADDRESS



2220

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	CERTIFICATE	E OF DEATH	
1. NAME OF DECEASED (Type or Print)		2. DATE OF	05 105
3. PLACE OF DEATH:	T C. BOWER	2SOCK DEATH DEPT	: 45,1450
A. Baltimore City, Maryland		A. STATE B. COUNTY	before admission)
HOSPITAL OR	institution, give street address or location)	c, CITY OR TOWN (If outside corporate limits, w	rite RIRAL and give
MSTITUTION 300 RADN	OR RO.	BALTO.	township)
	Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore	LIFE Mos. Days	300 RADNOR RD.	
5. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		s Days Hours Min.
M	WIDOWED	DEC. 1, 1814 75	
10A. USUAL OCCUPATION (Give kind of vortage during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	AILROAD	14. MOTHER'S MAIDEN NAME	0.5.
A D	JERSOCK	EMMA CURTIS	
15. WAS DECEASED EVER IN U. S. ARMED FOR	RCES? 16. SOCIAL		RESS
(Yes, be or unknown) (If yes, give war or dates of se	ervice) SECURITY NO.	A.C. BOWERSOCK JR.	SAME
	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR		- 0 A: \ \ 'O	ONSET AND DEATH
(This does not mean the mode of dy		e Cerdiec Failure	sdays
heart failure, asthenia, etc. It means the injury or complication which cause			
ANTECEDENT CAUSES	5 455.45		
Z DISEASES OR CONDITIONS, IF AN	geora		
RISE TO THE ABOVE CAUSE (A) STA			
OF CONTRACTOR OF			
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STAUNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	(C)		
	RELATED		
. 19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
N N N N N N N N N N N N N N N N N N N		Loss WIFE DID. (If in Political City division City divisio	YES NO
	21B. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bldg., c		Exact location)
D. TIME (Month) (Day) (Year) (Ho	our) 21E, INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
INJURY (Month) (Day) (Tear) (110)	WHILE AT NOT WHILE		
	m. WORK AT WORK	une , 1949 to Sept 25, 1950	that I last saw the
descreed alive on Sent 25		rred at 3.30 Am., from the causes and on the	
DOA CICNATURE	_ 12	23B. ADDRESS	23C. DATE SIGNED
			ept 25, 1950
24A. BURIAL CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE		A
DUKIAL ILIT	SO QUO ST. PA	ULS KENT COUNT	DDRESS .
DATE RECEIVED BY REGISTRAR'S S	To Williams AL	4 . D 21 . 2 621 Que de la L	ONE VANUA
-211 TO 19201	4 10 10	TIMBULINENS & JOHS CO, 4	JOS JOKKYN
VS 150			0426
			1-1-

NOS EN CHAPLES

BIRTH NO. BALTIMORE CITY HE CERTIFICATION	72	0 8229 No.
1. NAME OF DECEASED (Type or Print) Jahn Sibio or Serpico	2. DATE OF DEATH Sep	t. 24 9 950
3. PLACE OF DEATH: A. Baltimore City, Maryland 900 Fastern Ave B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)	4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY Md. OC. CITY OR TOWN (If outside corporate limits Baltimore)	before admission)
Sex 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH MARCH. 23-97 STREET ADDRESS (If rural, give location) 9. AGE (In years In last birthday) 9. AGE (In years In last birthday) 9. AGE (In years In last birthday)	Under 1 Year If Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor Shop	New Haven Conn	U.S. CITIZEN OF
Michele Serpico	ROBE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates of service) 2 3 3 - 10 - 1884		B. High St
DISEASE OR CONDITION DIRECTLY	OF DEATH	INTERVAL BETWEEN

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) ..

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION 218. PLACE OF INJURY (e.g., in or about home, farm, fectory, street, nffice bldg., etc.)

21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH.

Z 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED WHILE AT NOT WHILE WORK

22. I certify that I took charge of the remains described above, held an . the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY Holv Redeemer

Burial DATE RECEIVED BY LOCAL REGISTRAR

23A. SIGNATURE

Cem.

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

Autops4

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) Belair

Autopsy Inspection or Inquiry

Rd. Balt.Md.

20. AUTOPSY?

thereon and from

YES X

(If in Baltimore City, give exact location)

and death in my opinion resulted from: natural causes . accident \(\), suicide \(\), homicide \(\), undetermined \(\).

CERTIFICATION

EDICAL

8 7 7F-61 HOREM Asset See ... John oberton ... Page of the URK. Sept. 17790 Hong Sedent Took. | 150 Billis H. Baltinds main the work.

LONA, - MED. EXAM. CASELL	to LE APPROVED
CERTIFICAT	E OF DEATH 3 Registered No.
I. NAME OF DECEASED (Type or Print)	2. DATE OF (0012.1.00)
3. PLACE OF DEATH:	DEATH J. USUAL RESIDENCE (Where deceased lived. If institution: residence
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OF	
INSTITUTION 10HMS ROPKINS HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year Months Days Hours Min. June 23 1881
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME	Naples Italy 14 MOTHER'S MAIDEN NAME
Dalvalore Virgilis	Theresa Marinelli
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 18-03-1097	17. INFORMANT HEATS HUTLING HUSTILL, ADDRESS
07.1	OF DEATH . INTERVAL BETWEEN ONSET AND DEATH
	phthisic anemia
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	Ly chronic myeloguous Remia
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO LINE UNDERLYING CONDITION LAST. (C)	CERTIFICATION APPROVED BY
11	// 0
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	OHEF OR ARST. SELECTED EXAMINER.
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bidg., CAUSE OF DEATH	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	19 to , 19 , that I last saw the
deceased alive on, 19 and that death occur	rred at 40 m., from the causes and on the date stated above.
23A. SIGNATURE T. QUENTY TO M. D. 2	236. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	
Burial Sept. 28.50 Oak Lawn Cer	1. 17225 Eastern Ave Balt.Md. 25 FUNERAL DIRECTOR ADDRESS
Trace tutte afon Milians, M.F.	Agard Della leve 322 8. High 8t.
SEVE 160 1330 690	4 F 740

Tail Belone 10 18-03-1017 A DESCRIPTION OF THE PROPERTY OF THE PERSON Control of the second second 到 新 (1.20 m) (1.55-4. Mp# . bit. of feBjeryA carp and gar. Quante Belle live - 201. The man

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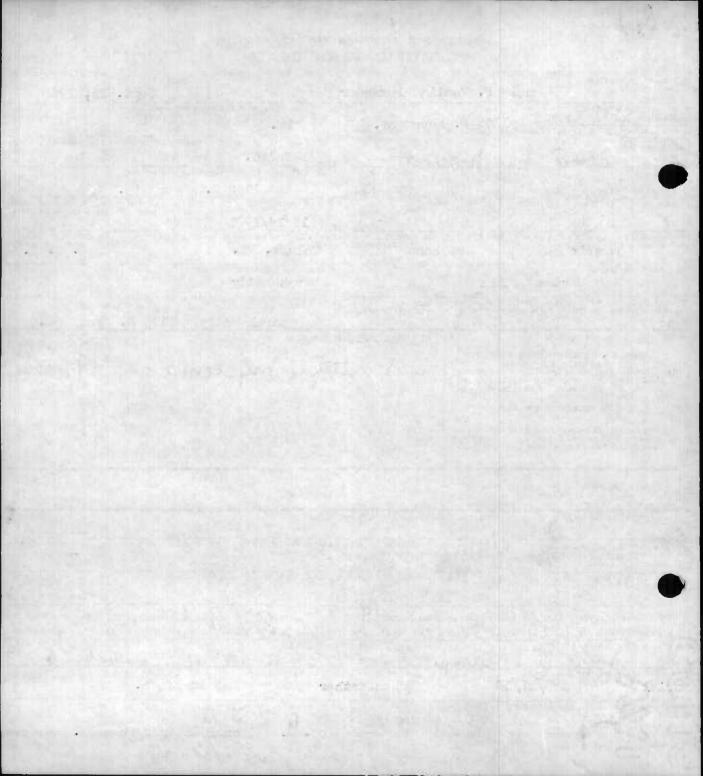
BALTIMORE CITY HEALTH DEPARTMENT

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0500

BIRTH NO.			CERTIFICATI	E OF DEAT	H Registere	ed No.	
1. NAME OF DI (Type or Print)		.e P. Te	omlin Alexande	r	2. DATE OF DEATH Sep	t. 25, 1950	
B. FULL NAME	71. 70 1 1	1745 N	Nount St on, give street address or	4. USUAL RESIDI	ENCE (Where deceased lived B. COUNTY	d. If institution: residence	
HOSPITAL OR INSTITUTION	1145 h	h	Deerst location)	c. CITY OR TOWN	. 16-0	imits, write RURAL and give township)	
c. Length of st	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	145 N. Nount S	t.	
5. SEX	6. COLOR OR RACE	7. SINGLE WIDOW D	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year. last birthday)	Months Days Hours Min.	
10A. USUAL OCCOR done during most o	CUPATION (Give kind of tworking life, even if retired)		t home INDUSTRY		State or foreign country)	12. CITIZEN OF	
13. FATHER'S N	Morton To	mlin		14. MOTHER'S MAIDEN NAME Sarah Waddy			
15. WAS DECEASE Yes, no or unknown)	ED EVER IN U. S. ARMED (If you, give war or date	FORCES? of service)	18, SOCIAL SECURITY NO.	17. INFORMANT	h Waddy 1145 1	ADDRESS N. Mount St.	
DISEASES RISE TO THE UNDERLY	LEADING TO DEAT i not mean the mode ore, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	ns the diseas aused death ES F ANY, GIVIN STATING TI- ST.	(B)	luple m	yeloma	4 Moxidia	
TRIBUTING	TO THE DEATH, BUT	CAUSING I	D	ATION		20. AUTOPSY?	
21A. ACCID LYING OF CAUSE OF TIME (INJURY) 22. I hereby deceased all 23A. SIGNAT	DENT WAS UNDER. R CONTRIBUTING DEATH (Month) (Day) (Year) W certify that I att live on 9 - 2 4 5 TURE CREMA-1 248. DATE	(Hour) m. ended the	ACE OF INJURY (e. g., if arm, factory, street, office bldg., 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from 4 and that death occur	21c. WHERE E INJURY OCCU	To INJURY OCCUR? To Occur? To Occur? The Gauss and occurs and o	yes No ty, give exact location) 9 I, that I last saw then the date stated above 123C. DATE SIGNED	
DATE RECEIVED LOCAL REGIST	D BY REGISTRAR			25. FUNERAL DIR		ADDRESS	

7208A Ses. H. Kelson

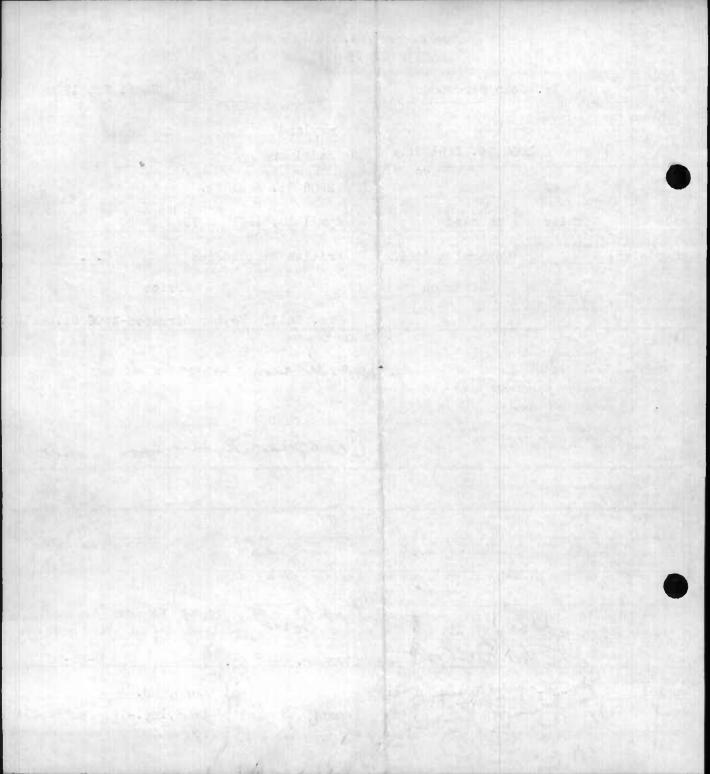


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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BIRTH	NO.			CLICITI	CATI	OF DEAT		Registere			
1. NAM (Type or	E OF D	Dr. J	ohn Gir	dwood	118	.,	1	OF Sep	t. 25,	1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDE	ENCE (Whe		l. If instituti				
B. FULL NAME OF (If not in hospital or institution, give street address or			Maryland	45.00	none						
HOSPIT	UTION	28	06 St.	Paul St.	location)	c. CITY OR TOWN	(If our	tside corporate l	mits write	RURAL	and give
00						Baltimore		12-0	06		" Hallip)
				76	Yrs. Mos.	O. STREET ADDRE		al, give location)		
5. SEX	gth of s	tay in Baltimore 6. COLOR OR RACE	7 SINGLE	E, MARRIED.	Days	2806 St. P		. AGE (in years	If Under 1 Yo	or Df Had	er 24 Kours
male		white	marrie	ed DIVORCED		April 10, 1	.871	last birthday)	Months Da		s Min.
work done do	UAL OC uring most o	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (S	State or forei	gn country)		TIZEN O	
phys	ician			l medicin	le .	British Wes			U.S.		21411(11
13. FAT	HER'S N	IAME				14. MOTHER'S MA	IDEN NAM	E			
15				dwood				Price			
(Yes, no or	unknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMANT			ADDRES:		
						Mrs. Sallie	Peytor	1 Girdwoo	d-2806	St.Pa	aulSt
ZO DI	ISEASES	complication which of ANTECEDENT CAUSTON CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA	ES F ANY, GIVIN STATING TH	(B)	C	erebra	Chen	norda	r	ah	
ERTIF	RIBUTING	II IGNIFICANT CONDI TO THE OBATH, BUT SEASE OR CONDITION	NOT RELATE	D							
194				FINDINGS O	F OPER	ATION			20	D. AUTO	PSY?
<u> </u>									YE		NO
LYII		ENT WAS UNDER. R CONTRIBUTING DEATH	21B. PLA about home, f	ACE OF INJUR arm, factory, street, o	Y (e. g., in office bldg., e	or 21c. WHERE D	ID (If i	n Baltimore Cit	y, give exa	ct location	on)
D.	TIME (Month) (Day) (Year)	(Hour)	21E. INJURY C	CCURRE	D 21F. HOW DID	INJURY O	CCUR?			
	1450/11		m.		AT WORK						
	I hereb	y certify that I att	tended the	deceased fro	m Se	red at 1030 Pm.	to Se	pt 25, 19	SD, that	I last s	aw the
	SIGNAT		, 10	and that deal		BB. ADDRESS	from the	causes and or		DATE S	
		A Edu). Oal	bot	M. D. 2	723 St. Paul	St.			26-50	
24A. BI	URIAL, C	REMA- 24B. DATE	2	24c. NAME OF	CEMETER	Y OR CREMATORY	240, LOC.	ATION (City, to	wn, or coun	ty)	(State)
buri	al	9-27-50		Loudon Pa	rk		Baltin	nore, Md.			
DATE R	REGIST	RARO REGISTRAR	adjune ?!	Hiary, 1	7.4	John O. Mitch	elli & S	Sons, Inc.	-1900 I	ess Eu ta w	Plac



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

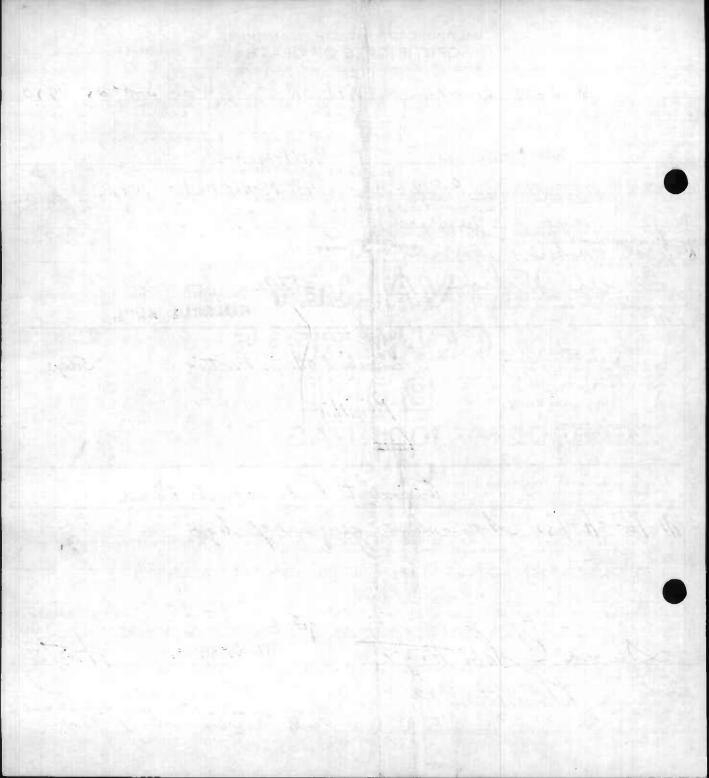
Bi	RTH NO.	E OF DEATH	registered ro-	
1.	NAME OF DECEASED Spe or Print) NORMAN BRUCE COST		2. DATE OF DEATH 9-2	5-50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If inst	titution: residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)	MD.		
	LUTHERON HOSP. OF MD.	BALTO	outside corporate limits, w	township)
7	Yrs.	o. STREET ADDRESS (If	rural, give location)	6
-	Length of stay in Baltimore Mos. Days	1936 W.1	LAFRYETT	E AVE
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8-6-76	9. AGE (In years last birthday) Month	s Days Hours Min.
	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME,	42
-	John W. Cost -	- Sar	ah	0.
(Ye	was DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT	Celebragles -	426 Honkin
	18. 460 X CAUSE	OF DEATH	- Cicanara ar	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	,		ONSE! AND DEATH
B	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	morary uf	setim	/m 4
7	ANTECEDENT CAUSES PLO	bottom lossi	action di	>
OI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		1,4,0,00	
CAT	UNDERLYING CONDITION LAST.			7
F	(c)V	nevel vens		•
CERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	elevate Cartio	-Vase D	?
7	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., i		f in Baltimore City, give	exact location)
1EDI	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
	1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
	m. WORK AT WORK	- 25 1980 to	9 - 25 , 1950, t	hat I last saw the
	deceased alive on 9-25, 19 50 and that death occur	red at 6:55P m., from th		
	A Tailla III	AB. ADDRESS		9-25-50
2. TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON REMOVAL (Specify) 9/28/30	RY OR CREMATORY 24D, L	OCATION (City, town, or	
DL	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	Spirer & Jans	DDRESS
=	VS 150			ma.
1		V		093d

的现在分词 医克拉斯氏性阴炎 医多种皮肤炎	
	그 그 그 그 그 내내는 맛있었다. 그 보고 그 모

50 8234		EO C	0034
	EALTH DEPARTMENT	20 0	3234
BIRTH NO. 1) CERTIFICAT	E OF DEATH	Registered N	·
1. NAME OF DECEASED (Type or Print)		2. DATE	,
3. PLACE OF DEATH:	VILSON	DEATH Jep 7	01 1910
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Whe	B. COUNTY	institution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or hOSPITAL OR location		taide corporate limits	, write RURAL and give
2.3 HOLIS ROPKINS HOSPITA	Baltimore.		township
118.		ral, give location)	27-03
ngth of stay in Baltimore 63 Mps. Days		ello Ter	ifi.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH		Under 1 Year II Under 24 Hours nths Days Hours Min.
10A. UPUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS OR	11 BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
ork done suring most of working file, even if retired)	ma		WHAT COUNTRY
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAM	里/	
Ilwell Wilson	Lottee /	Harris	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT HOMAS A	UPKINS HUSPITE	DDRESS
18. 420.0 CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1. 0011		F-0
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	lead allegic reacti	orl	Sdays
injury or complication which caused death.) DUE TO	PHILIPPOPER IN		H-3/10/02/03
ANTECEDENT CAUSES	ullin		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		***************************************	
UNDERLYING CONDITION LAST.		***************************************	
II.			
	tic heart and reve	le disease	
194. DATE OF OPERATION 3 198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	cangrene of leg	n Baltimore City, g	YES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office figt.	in or or otc.) It. WHER DID (V i	a battimore City, g	ive exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		OCCUR?	
m. WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended the deceased from 7-		25- , 1952	, that I last saw the
deceased alive on 9-25-, 1950 and that death occur	rred at I Im., from the	causes and on th	e date stated above
David C Agsictontrol	JOHNS MOPKI	ns hospital	9/28/50
24A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETE	TY OR CREMATORY 240. LOC	ATION (City, town,	or county) (State)
	Um. SK. Das	lenene !	s. Med.
DATE RECEIVED BY REGISTRAN'S SIGNATURE	25. FUNERAL DIRECTOR	Junes	DODRESK Kome
OCF 2/1950	168 Devid	- still	

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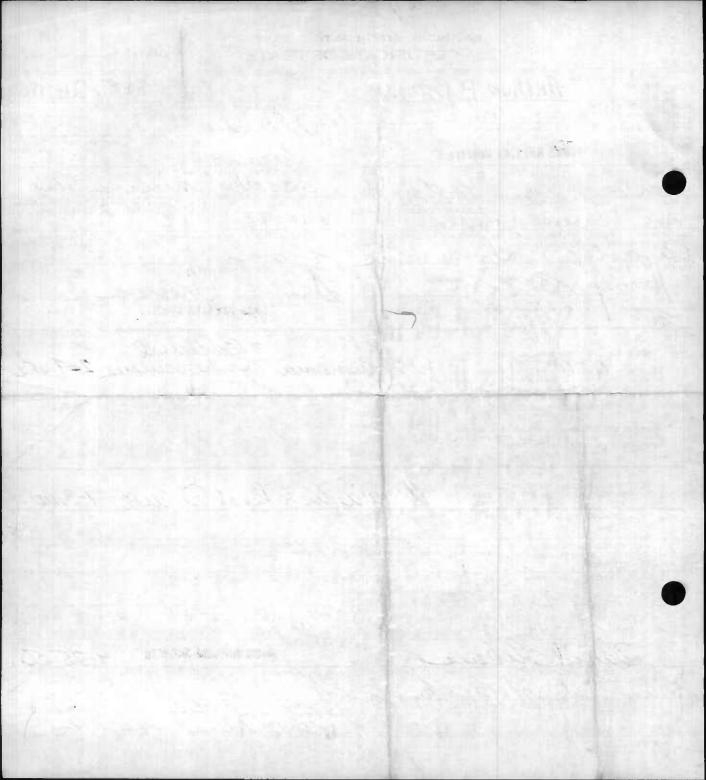


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	EALTH DEPARTMENT
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED ARTHUR B. BROWN	2. DATE OF SEPT. 24, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland Osl 2	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	
2 3 JOHAS ROPKIAS HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. ligth of stay in Baltimore 2 days Days	5350 V. Melusian and.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify MARRIED MARRIED	8. DATE OF BIRTH 9. AGE (In years / If Under 1 Year Months Days Hours Min.
10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FA HER'S NAME	TA. MOSHER'S MAIDEN NAME
Alwy Brown	Dally Brown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or ubknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANTANS RUPLING BUSHIA. ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (B) (C)	monia? Ficherculous 24wks
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	à due la Renal Failure 1-3 mo.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	9-24, 1950, to 9-24-, 19 50 that I last saw the
deceased alive on 4-24, 1950, and that death occu	rrea at J = Fm., from the eauses and on the date stated above
23A. SIGNATURE Surfers M. D.	236. ADDRESS HUNAINS BUSPITAL 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 EUNERAL DIRECTOR Fineld ADDRESSIONE

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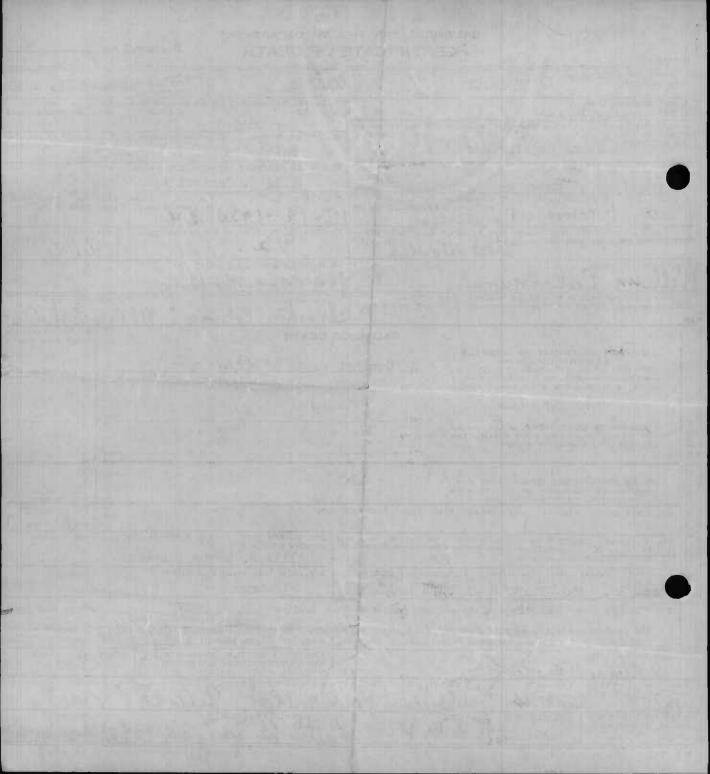


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8236

Registered No.

	INTIT NO.						
	NAME OF D Type or Print)		DERICK		COLEMAN	2. DATE OF Sep	tember 25, 1950
	PLACE OF D Baltimore (EATH: City, Maryland			A. STATE	CE (Where deceased lived B. COUNTY	
	FULL NAME	OF (If not in hospi	tal or instituti	ion, give street address or	Maryland		
	OSPITAL OR ISTITUTION	Johns Hopki	ns Hosp	location)	c. CITY OR TOWN Baltimor	1 6	mits, write RURAL and give township
				9 Yrs.	D. STREET ADDRESS	(If rural, give location)	
6		tay in Baltimore		Mos. Days		Central Avenu	
5.	Male	6. COLOR OR RACE		E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (ln years last birthday)	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind or of working life, even if retired	10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF
			steel 1	Worker	ya.		WHAT COUNTRY
7/	FATHER'S N	Palean	10.00		Lemora		
V V	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	I 16. SOCIAL		Turcerry	
	s, no or unknown)	(If yes, give war or date		SECURITY NO.	alverta C	leman 918	n. Central WE
	18. F 98	14.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEA	TH	Gunsho	ot wound of spi	inal cord	
	heart failu	re, asthenia, etc. It me	ans the diseas	e,		***********************************	***************************************
	injury or	complication which	caused death	.) DUE TO			
		ANTECEDENT CAU	SES				
Z	DISEASE	S OR CONDITIONS.	IF ANY, GIVIN	(B)	***************************************		
2	RISE TO T	HE ABOVE CAUSE (A)	STATING TH				
CERTIFICATION	ONDERE	TING CONDITION E	A51.	(C)	•••••••••••••••••••••••••••••••••••••••	•••••••••••	
2		11					
Ē		IGNIFICANT COND					
日日		TO THE DEATH, BUT			***************************************		
ū	19A. DATE O	F OPERATION	19в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
7							YES NO L
Ü		NAL CAUSE WAS	1 1	CE OF INJURY (e. g., in		(If in Baltimore Cit	y, give exact location)
EDICAL		G M OR CONTRIB. TAUSE OF DEATH		Home		Central Avenu	e
M		Month) (Day) (Year) (Hour) ;	21E. INJURY OCCURR			
ĸ	rch 30	, 1950 10:3	0 P m?	WORK NOT WHILE	X Firearm:	S	
				remains described of	bove, held an	Autopsy	thereon and from
					Auto	opsy, Inspection or Inqui	ry
	and de	ath in my opinion	resulted f	rom: natural causes	3 🔲, accident 🔲, sui	ieide 🗌, homicide 🛚	
	Wille	TURE VANOR	*	М		CAL EXAMINER A	9-26-50
TI	AA. BURIAL. CON, REMOVAL (S	pecify)		RAC. NAME OF CEMETE	RY OR CREMATORY 2	4D. LOCATION (City, to	wn, or county) (State)
	ATE RECEIVE		'S SIGNATU	RE- ICE	25 FUNERAL DIRECT	TOR	ADDRESS
4	CEP 2719	350 ()	32 YYULE	arres luis.	Wallis 10. 2	prings 13	Wr Hamley
V	S 151	50 N9580	2	6903	A	00	11.6.0

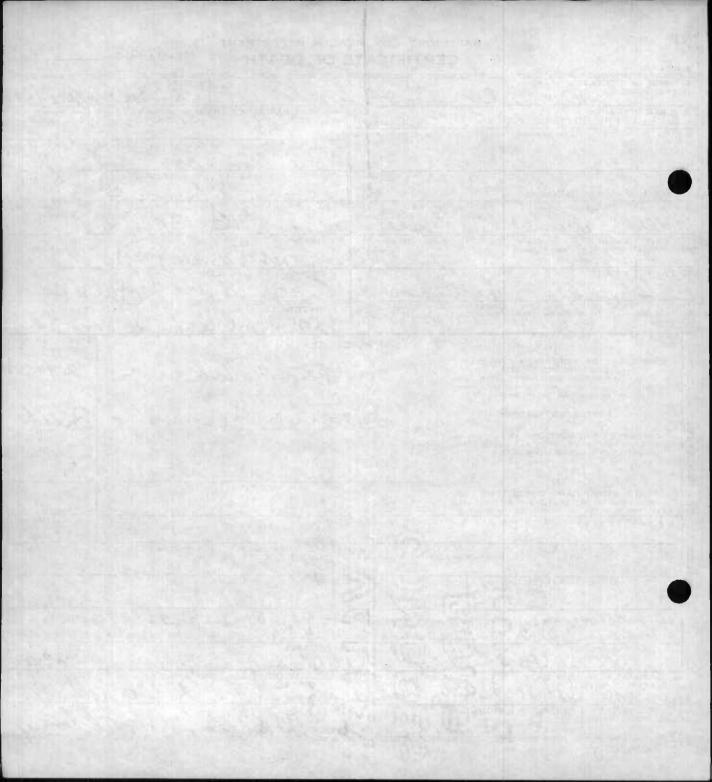


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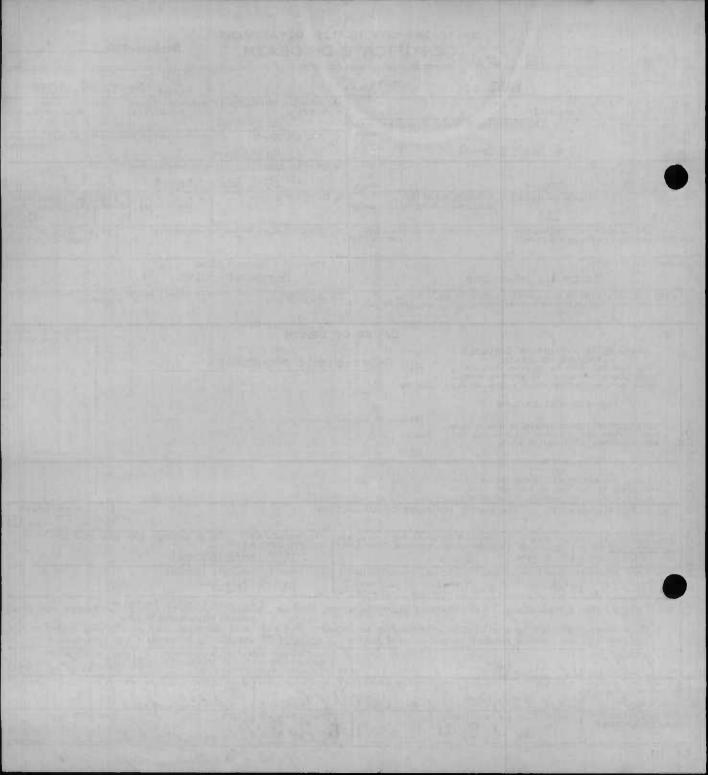
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

B	IRTH NO.				_			
	NAME OF Daype or Print)	DECEASED RA	reis	Ja	Por	rew .	2. DATE OF DEATH	ph 22/58
A.		City, Maryland /	0411	Elen		4. USUAL RESIDENCE	Where deceased lived, If in B. COUNTY	stitution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi	tal or institution,		4	C. CITY OR TOWN	If outside corporate limits,	write RURAL and give
	120					Ballein	in	township)
		4 : D-14:	5 7	1	Mos.	D. STREET ADDRESS ()	f rural, give location)	1-3-01
	SEX	tay in Baltimore		IARRIED.		8. DATE OF BIRTH	9. AGE (In years) II U	nder I Year II Under 24 Hours
1	mall.	colourd	WIDOWED	DIVORCED (S)	pecify)	may 18 76	last birthday) Mon	ths Days Hours Min.
10 wor	A. USUAL OC k done during most	CUPATION (Give kindel of working life, even if retired)	10B. KIND OF	BUSINESS O	R	11. BIRTHPLACE (State or	foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
13	5. FATHER'S	born				111 00490	men cu	
1.	al	NAME	11	-2/		14. MOTHER'S MAIDEN	NAME (10)	0 4
15	S. WAS DECEAS	ED EVER IN U. S. ARME	D RORCES? 10	6. SOCIAL	=	17 INFORMANT	AD	DRESS
(10	s, no er unknown)	(If yes, give war or date	of Bervice)	SECURITY N	10.	Gas, wins	17.	UY 4 Edus
	18. 540	5.0		CAU	SE O	E DEATH		INTERVAL BETWEEN
		SE OR CONDITION LEADING TO DEA	TH		0	060,00		2.405+
	heart failt	s not mean the mode ure, asthenia, etc. It me complication which	ans the disease,	(A)	V	The contract of the contract o	<u> </u>	
	1113013 01	ANTECEDENT CAU		002.0			,	0
Z	DISEASE	S OR CONDITIONS,		(в)	re	ensoce	nosis	July
ATI	RISE TO	THE ABOVE CAUSE (A)	STATING THE	DUE TO				4
FIC				(5)				
RTI	OTHER S	II SIGNIFICANT COND	ITIONS CON-	(0)		••••••••••••••••••••••••		
CE		G TO THE DEATH, BUT DISEASE OR CONDITION		***************************************	•••••	······································	•••••••••••••••••••••••••••••••••••••••	
AL	19A. DATE C	OF OPERATION	19B. MAJOR FI	NDINGS OF	OPERA	TION		20. AUTOPSY?
O		ENT. SUICIDE,	21B. PLACE	OF INJURY (e. g., in o	or 21c. WHERE DID	(If in Baltimore City, gi	
MEDI	HOMICIDE	(Specify)		factory, street, office				
	F INJURY	(Month) (Day) (Year)(Hour) 21E	INJURY OCC	WHILE	21F. HOW DID INJUI	RY OCCUR?	
			m. wo	RK AT W	VODE D	1	061 417	
		y certify that I at live on Albert 2		ceased from			the causes and on the	that I last saw the
	23A. SIGNA		· 0 1-1	O .		B. ADDRESS	and canoos and canoos	23c. DATE SIGNED
2	AA BURIAL A	CREMA- 248. DATE	9 700	NAME OF CEA		YOR CHEMATORY 240	LOCATION (City, town, o	9-25/20
TI	ON, REMOVAL	pecify)	-1959 h	Dol	677 h	elemety (Pa Co	mb
10	ATE RECEIVE	D BY REGISTRAR	'S SIGNATURE	H CONTRACTOR	10/	FUNERAL DIRECTOR	1.5-1.7	ADDRESS
	1000	· se date pla	2/Alia	· 2000 (7/18	AN XIVILLE	ams sme	Kdongs
-	ERS2 7019	750		970	99			0,11
					, ,			1 1 107 13



9	50 8	238	BAI		EALTH DEPARTMENT		8234
В	IRTH NO.	30.	273 A	GERTIFICATI	E OF DEATH	Registered N	No
(1	NAME OF D 'ype or Print)	В	ABY	MESZAROS	5	2. DATE OF DEATH Sept	. 26, 1950
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
В.	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit		ion, give street address or location)	Maryland c. CITY OR TOWN (I		s, write RURAL and give
1	yD)	1936 Bank	Street		Baltimor		township)
C		tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (III	rural, give location) ,	2-01
	sex Male	White	WIDOW	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year H Under 24 Hours Min.
worl	A. USUAL OC	CUPATION (Give kind of of working life, sweet if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or)	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	Harry H. Me	szaros		14. MOTHER'S MAIDEN N Margaret		
	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS
CERTIFICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA's not mean the mode or arc, asthenia, etc. It mea complication which of ANTECEDENT CAUSE S OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, c.; ons the diseaseaused death SES FANY, GIVING THE	(B)	achnoid hemorrhag	e	
ERTI	TRIBUTING	GIGNIFICANT CONDI TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE CAUSING I	T			
	19A. DATE C	OF OPERATION 1	98, MAJOR	FINDINGS OF OPER	ATION		YES NO X
MEDICAL	UTING []	NAL CAUSE WAS G M OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year) 26, 1950	aboot home, i	ACE OF INJURY (e. g., ic arm, factory, street, office hidg., e) ME 21E. INJURY OCCURRI WHILE AT ONT WHILE WORK AT WORK	1936 Bank 21f. How DID INJUR	Y OCCUR?	
	22. I certi	fy that I took char idence obtained by eath in my opinion	ge of the	remains described a	bove, held an Inspectations, autopsy, aquiry, find that said designed of the control of the cont	Inspection or Inquiry deceased died on the □, homicide □, u	e day stated above
2.	AA. BURIAL.		7/50	24 NAME OF CEMETE	D. ASSISTANT MEDICAL D. MEDICAL INVESTIGAT RY OR CREMATORY 240.	COCATION (City, town,	Sept. 27, 1950 or county) (State)
DL	ATE RECEIVE	DEX REGISTRAR	SIGNATU	Meuli Mis 1	20 FUNERAL DIRECTOR	asenski	ADDRESS
V	S 151		0		1930 26	ten we	V160a



3 BIRT	300 H NO	8239 80-/32 6 3			ALTH DEPARTMENT E OF DEATH	50 Registered No.	8230
1. N	AME OF D	DECEASED	RAMERSON)		WHITEHEAD	2. DATE OF Septemb	per 24, 1950
3. PL	ACE OF E	City, Maryland			4. USUAL RESIDENCE (V		
B. FU		OF (If not in hospital University		street address or location)	Maryland c. CITY OR TOWN (If Baltimore	foutside corporate limits, w	vrite RURAL and give township)
		tay in Baltimore		Yrs. Mos. Days	p. STREET ADDRESS (If 125 Pearl Str		
5. se	le	6.COLOR OR RACE Colored	7. SINGLE, MARE WIDOWED, DIV Singl	ORCED (Specify)	B. DATE OF BIRTH July 4, 1950	9. AGE (In years fi Und Month 2	er l Year es Days Hours Min.
ork do	Infar ATHER'S		10B. KIND OF BU	ISINESS OR INDUSTRY	Baltimore, Mary 14. MOTHER'S MAIDEN N.	rland	CITIZEN OF WHAT COUNTRY
Yes, po	AS DECEAS	ED EVER IN U. S. ARMED (If yos, give war or dates	FORCES? 16. SG	CAUSE (17. INFORMANT ETAL TRYSO	Tryson N 125NP	RESS ST.
	OfSEA (This does heart fails	SE OR CONDITION LEADING TO DEAT s not mean the mode of the asthenia, etc. It mean complication which complication	H f dying, e.g., ns the disease,		naso-pharyngitis	***************************************	ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)				bronchopneumoni a			
EKIP.	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT I	NOT RELATED CAUSING IT				
1 19	A. DATE C	F OPERATION 15	B. MAJOR FINDI	NGS OF OPERA	ATION		YES NO
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg.						If in Baltimore City, give	
2	D. TIME	(Month) (Day) (Year)	(Hour) 21E. IN. WHILE AT	NOT WHILE	21F. HOW DID INJURY	OCCUR1	
2	2. I certi	fy that I took char	ge of the remain	is described a	0000, 10000 010	Inspection or Inquiry	thereon and from

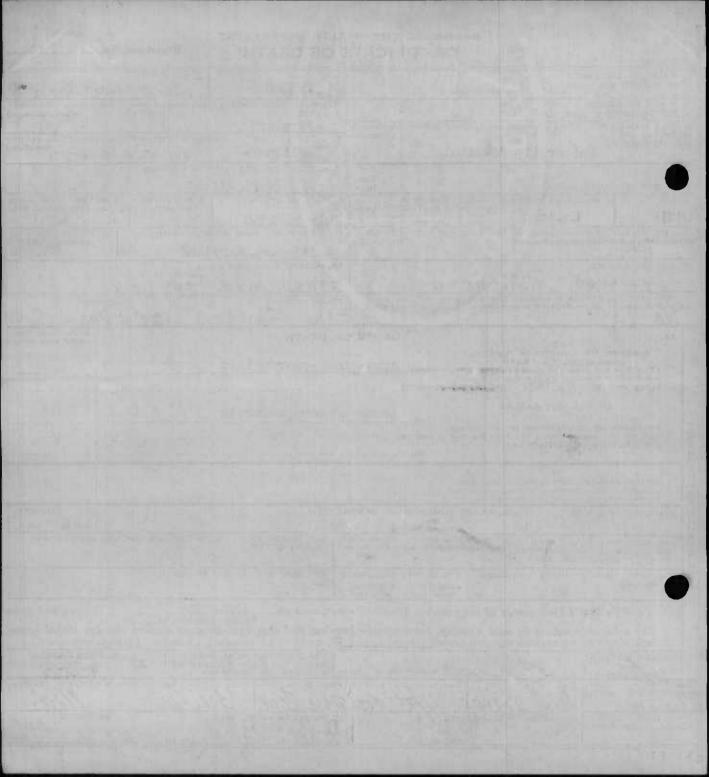
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said decased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square .

DATE RECEIVED BY LOCAL REGISTRAR

23A. SIGNATURE JON, REMOVAL (Specify) 248. DAT

24c. NAME OF CEMETER

23B. CHIEF MEDICAL EXAMINER..... 9-25-50 24n. LOCATION City, town, or county



8240 EMMA E, HART MAN BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO Laso 1. NAME OF DECEASED 2. DATE (Type or Print) ENIMAE. HARTMAN OF DEATH a. Baltimore City, Maryland BALTAGEN. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION SOUTH BALTO. GEN. township) BHHIMORY HOSPOTAL D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year II Under 24 Hours AGE (In years | H Under 1 Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) TEruale. arace al 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Hwife 13. FATHER'S NAME William 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO zone INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CAKCINOMI OF THYROLD LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-OFSOPHAGAL BESTRUCTION ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION OF OPERAT 198. MAJOR FINDINGS 20. AUTOPSY 21c. WHERE DID 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

HOMICIDE (Specify)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

ID. TIME (Month) (Day) (Year) (Hour)

NOT WHILE! WHILE AT

22. I hereby certify/that I attended the deceased from 23A. SIGNATURE

Sept 26 1950 that I last saw the deceased alive on Sept 26, 1950, and that death occurred at 5:12 Im., from the causes and on the date stated above, 23c. DATE SIGNED SOUTH BALTO.65N. HOSPITAL

C.D. QUIRINO 24A. BURIAL, CREMA-TION REMOVAL (Specify)

24C. NAME OF CEMETERY OR CREMATORY

JEP1. 26

Dunial DATE RECEIVED BY

REGISTRAR'S SIGNATURE

audon) 25. FUNERAL DIRECTOR

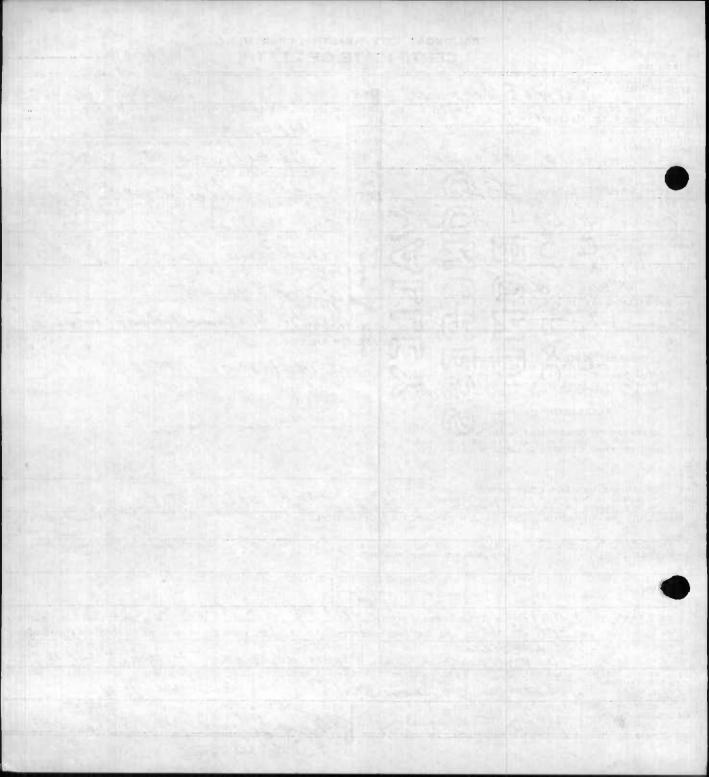
240, LOCATION (City, town, or county)

ADDRESS

LOCAL REGISTRAR ED 271050

Millaula, 11.

VS 150



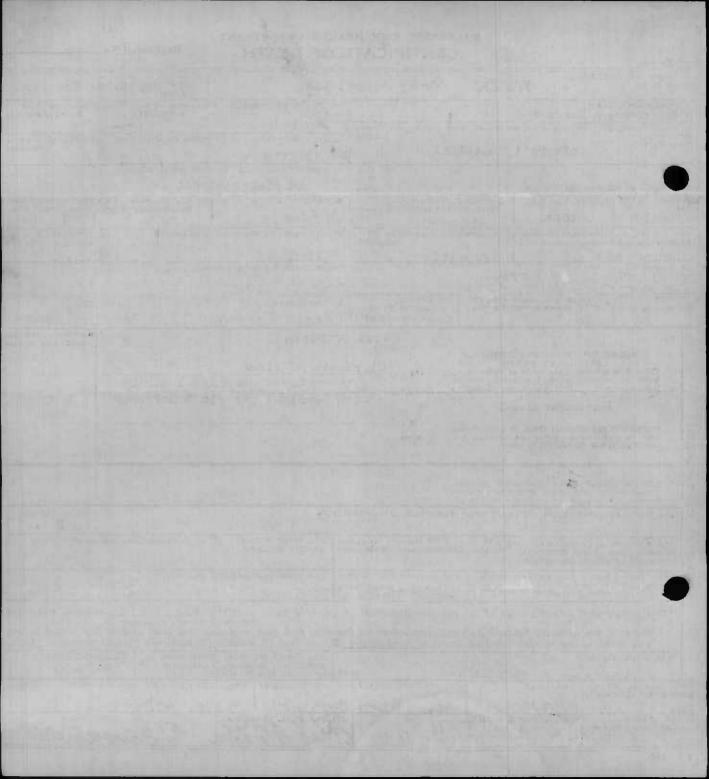
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8241

	CERTIFICAT	E OF DEATH	Registered No.	
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) FRANCES	MARY	TYLER ·	of September	er 23, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	(Where deceased lived. If inst B. COUNTY	titution: residence before admission)
B. FULL NAME OF (If not in hospital or instit HOSPITAL OR	ution, give street address or location)			
University Hosp	· · · · · · · · · · · · · · · · · · ·	c. CITY OR TOWN Baltimore	(If outside corporate limits, w	rite RURAL and give township)
	Yrs.	D. STREET ADDRESS	(If rural, give location)	-
ength of stay in Baltimore	Mos. Days	645 Pierce		
Female Colored WIDO	LE, MARRIED, OWED, DIVORCED (Specify)	3/4/1901	9. AGE (In years It Und last birthday) Month	r 1 Year H Under 24 Hours B Days Hours Min.
	dowed	11. BIRTHPLACE (State	or foreign country) 12	CITIZEN OF
vork dooe during most of working life, even if retired)	INDUSTRY estic	Balto. Md		WHAT COUNTRY
13. FATHER'S NAME		14 MOTHER'S MAIDEN		
Shillip Walto		Jenne		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, 20 or uokoowo) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT	ADDI	RESS
No No	SECURITY NO. 220-24-1391	Lessie Grays	son(S)616 Perk	ins Abe
18. 581.0	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Y			DINSE! AND DEATH
(This does not mean the mode of dying,	e.g., (A) Cirr	hosis of liver		
heart failure, asthenia, etc. It means the disc injury or complication which caused des	ase, th.) DUE TO Wi		phageal varices	
ANTECEDENT CAUSES	wi.	th terminal gas	tric hemorrhage	
DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
A CHEERLANG CONDITION EAST.	(C)	***************************************		
OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED		•	
	R FINDINGS OF OPER	ATION		20. AUTOPSY7
1				YES ND
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	LACE OF INJURY (e. g., in e, farm, fectory, at reet, office bldg., o	o or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, give	exact location)
ID. TIME (Month) (Day) (Year) (Hour) INJURY m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		URY OCCUR?	
		base hald an A	utopsy ,	1 and 1 form
22. I certify that I took charge of the the evidence obtained by said Au		Autop	sy, Inspection or Inquiry	hereon and from lay stated above
and death in my opinion resulted				
23A. SIGNATURE	//	23B. CHIEF MEDICA ASSISTANT MEDICA	AL EVALUED DE	DATE SIGNED
24a. BURIAL, CREMA-1 24B, DATE	M 1024C, NAME OF CEMETE	.D. MEDICAL INVESTIG		-23-50 (State)
TION, REMOVAL (Specify)				(diate)
Burial 9/27/50	Mt. Auburn		alto. Md.	DDRESS
DATE RECEIVED BY REGISTRAR'S SIGNAL	This. C . A	25 FUNERAL DIRECTO	512 AL	THE ST
KER / 1450 WALLE IN	TIVIS GILL ME	KAA MINT	MILL ON PORCH	MAL CITY

7208A



BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.
1. NAME OF DECEASED ONE	HLO.	WE 2	OF 9-25-50
3. PLACE OF DEATH: A. Baltimore City, Maryland /4/0	Jowson St	A. STATE	e deceased lived. If institution : residence B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution) INSTITUTION	ition, give street address or location)		side corporate limits, write RURAL and give
77	Yrs.	D. STREET ADDRESS (If rura	1, give location)
c. Length of stay in Baltimore 19	yrs. Mos.	1410 Jow	son St.
Temale Thate ma	K. MARRIED, WED, DIVORCED (Specify)	6-30-1931	AGE (In years last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done of ing most of working life, even if retired)	be m Houstry	11. BIRTHPLACE (State or foreig	m econtry) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1) Klemmick
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16.80CIAL	Gertrude	- Comment of the comm
Yee, no or unknown) (If yes, give war or dates of service)	2/2-30-80A	Leorge of	Laure 1410 Jourson
18. 175 X	CAUSE	OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	41.	bal mina	man ->
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat	se,		
ANTECEDENT CAUSES		wefas	who !
DISEASES OR CONDITIONS, IF ANY, GIVI			
UNDERLYING CONDITION LAST.	(C)		
OTHER SIGNIFICANT CONDITIONS CO	N -		
TRIBUTING TO THE OEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING			
19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	RATION	20. AUTOPSY?
	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		Baltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		CCUR?
m.	WHILE AT NOT WHILE AT WORK		9.2 66
deceased alive on 4-77-1719		red at 9 A. m. from the	2-3-50 , 19, that I last saw th
23ASIGNATURE I. N.		38. ADDRESS Rauga	USt. 9-27-57,
24A. BURIAL, CREMA- 24B PATE	24c. NAME OF CEMETE	RY OR CREMATORY 240. LOCA	(TION (City, town or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	100	25. FUNERAL DIRECTOR	ADDRES9
SEP 271950 Huttigton	Ashidous Miso	Chas. F. Dil	l 15016 fortan
3 Lvs 156 1990	3906	A	049a

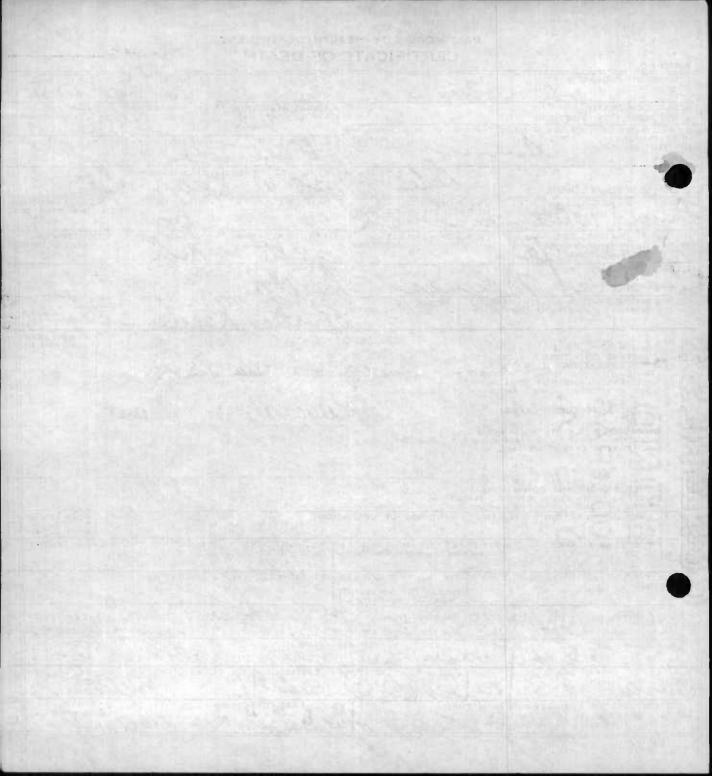
dy germinoma: a solid transan or tertrentar turner derived from germinal epitheleum which has not been differentiated to cells of either male or female type Jame as seminoma And the state of t COLD NAME OF STREET

VS 150

8242

050.0

3	IRTH NO.	CERTIFICATI	E OF DEATH	Registered	No.
1.	NAME OF DECEASED	Poeder		2. DATE OF DEATH	pt 2750
A.	PLACE OF DEATH: Baltimore City, Maryland	itution, give street address or	4. USUAL RESIDENCE		If institution: residence before admission)
H	OSPITAL OR ISTITUTION	location)		ore outside corporate lin	nits, write RURAL and give township
C.	Length of stay in Baltimore	Tefe Yrs. Mos. Days	229 W	fyral, give location)	St
1	wate while n	GLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	M Under 1 Year M Under 24 Hours Min.
work	DA. USUAL OCCUPATION (Give kind of the dorse during most of working life, even if stired)	IND OF BUSINESS OR INDUSTRY	11. BOTHPLACE (State or	foreign country	12. CITIZEN OF WHAT COUNTRY
13	padore Mai	mes	Derlan	NAME	
15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCE (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17 Corles 1	oeder -	ADDRESS
ICATION	INTERVAL BETWEEN				
CERTIFICA	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATED			
		OR FINDINGS OF OPER	RATION		20. AUTOPSY?
IEDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)	PLACE OF INJURY (e. g., in ome, form, factory, street, office bldg., e	n or 21c. WHERE DID etc.) 1NJURY OCCUR?	(If in Baltimore City	, give exact location)
M	ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		RY OCCUR?	O
	22. I hereby certify that, I attended deceased alive on 2007, 193	, and that death occur	red at 3:/5/m., from	the causes and on	the date stated above
2	4 BURIAL CREMA- 248 DATE	240' NAME OF CEMETE	SON AT IT	OSPITAL LOCATION (City/O)	Sept 27 JV
TI	Hercal 9-28-10	Hebrew 7	recedskip	64	ello red
	ATE RECEIVED BY REGISTRAR'S SIGN	ATURE O O	35. FUNERAL DIRECTOR	Les Zien	Agoress D

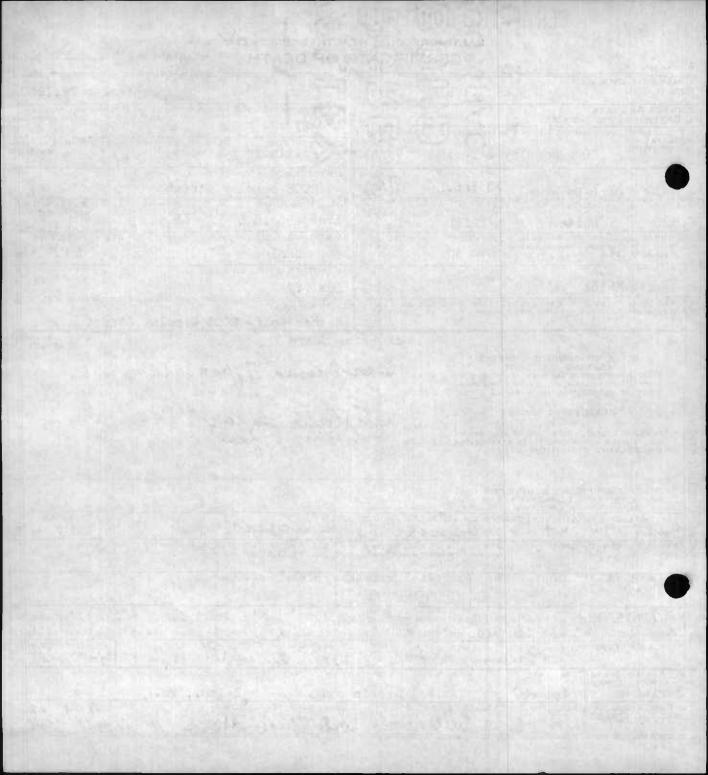


CERTIFICATE CORRECTED

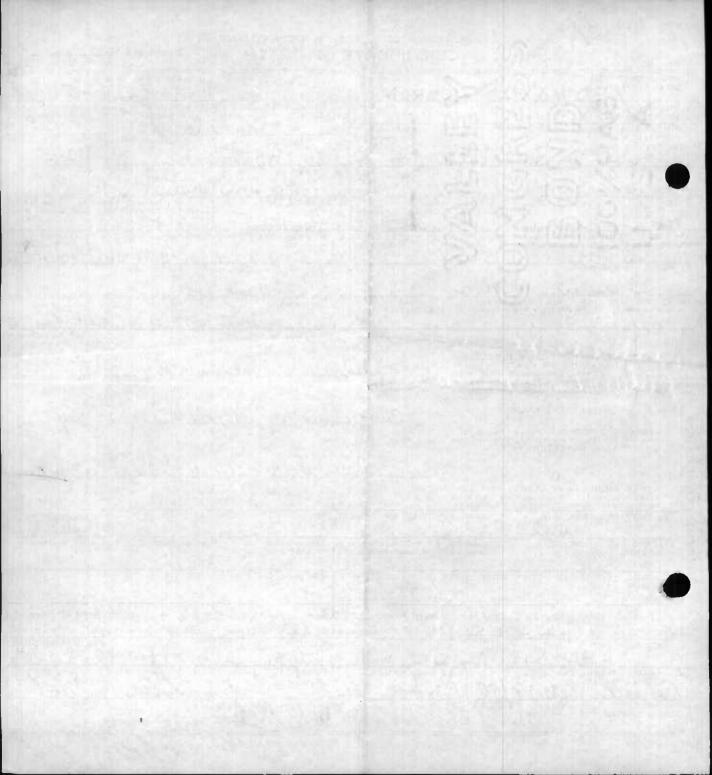
10-6-50

Registered	50	8244
On	110.	

00 0243	BALTIMORE CITY HE		Registered N	50 8244	
BIRTH NO.	CERTIFICATI	E OF DEATH	950	10.	
1. NAME OF DECEASED (Type or Print) RO	SE K. WOLF		OF Septe	ember 26,1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived, If B. COUNTY	institution: residence before admission)	
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION 2008 Barcla	l or institution, give street address or location) y Street		outside corporate limit	s, write RURAL and give township)	
c. Length of stay in Baltimore	38 Yrs. Mos. Days	D. STREET ADDRESS (If r 2008 Barclay			
female white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1695 4-6-1896	9. AGE (In years last birthday) Mo	f Under 1 Year II Under 24 Hours on the Days Hours Min.	
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)	Own home INDUSTRY	11. BIRTHPLACE (State or for Russia	reign country)	12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
wax Kalus		Ida ???			
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give wer or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS	
	SECONTI NO.	Nathan Wolf- 200	8 Barclay St	reet	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) CONTINUENT OF THE DEATH, BUT NOT RELATED (B) Watastatic cauch of the cauch					
U TO THE DISEASE OR CONDITION		RATION		20. AUTOPSY?	
4 Juny 17-1949	Bancer of	paucras		YES NO *	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) P. TIME (Month) (Day) (Year) (INJURY) 22. I hereby certify that I atted deceased alive on 245, 246, 23A. SIGNATURE	m, WHILE AT NOT WHILE	ED 21F. HOW DID INJURY		o, that I last saw the date stated above	
24a. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town,	or county (State)	
Burial 9-28-50	Anshei Nessin	cong. Bal	to., Md.		
DATE RECEIVED BY LOCAL REGISTRAR'S	at Hill Que Mi	Sol Juntary ?	ros W. 1	Joth ane.	
VS 150	A SHIPMEN AND A			0469	



1	H-165 50 8245 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 82	45
=	I. NAME OF DECEASED 2, DATE	4,5
	(Type or Print) EDWARD HEBRON OF DEATH 9-16-	50
	3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased) ved. If institution	n : residence efore admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (In outside corporate limits, write R	LiPAL and civa
IN	INSTITUTION BY THE CANADA CA	township)
7	Yrs. O. STREET ADDRESS (lf rural, give location)	
C.	c. Length of stay in Baltimore 15 Pays 1024 U. Saratuse. St	
5.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years) 10 to the last birthday Months; Day	Il Under 24 Hours Hours: Min.
	male colored wassured 8-3-1885 105	
	IOA. USUAL OCCUPATION (Give kiod of 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY WH.	ZEN OF
12	Labour Steel Ame trundle Co. M. of level	la Statu
13	13. FATHER'S NAME	
15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT	
(Ye	Yes, no or unknown) (If yos, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Luchale
		RVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ET AND OEATH
	(This does not mean the mode of dying, e.g., (A) Duly any heuristic asl	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
	ANTECEDENT CAUSES	
Z		y-eurs
CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	/
ICA	ONDERENING CONDITION EAST.	1 10.
TIF	11 (c) C. Value of land 18	Mrs.
ER	OTHER SIGNIFICANT CONDITIONS CON-	
	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20	. AUTOPSY?
AL	hine	s No
EDICAL	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact HOMICIDE (Specify) about bome, farm, factory, street, office bidg., etc.) INJURY OCCUR?	t location)
Z	5	
K	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE	
	m. WORK AT WORK	
	22. I hereby certify that I attended the deceased from 7-12-, 1930, to 7-14-, 1950, that I	
	deceased alive on 4.25 , 19.50, and that death occurred at 1. m., from the causes and on the date 23A. SIGNATURE 23B. ADDRESS, 23C. I	DATE SIGNED
	Adher E. J. Campain M.o. 1039 h. Careso St 19-	210-57
2. TI	24A. BURIAL, CRIMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24O. LOCATION (City, town, or count	(State)
	Burial Sept. 24/50 Blever Rell Amapetis.	mol
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25-FUNERAL DIRECTOR ADDRE	.55
2	74050 huite for Milliante M. Fild. Honden	
	VS 150 GD Q3 AC Amakolin	That
•	013 1- 013	1100



B-53 4 50 8246

BALTIMORE CITY HEALTH DEPARTMENT

50 8246

В	RTH NO.		CERTIFICATI	E OF DEATH	Registered I	10			
	NAME OF DECEASED John	Ba	ndel		2. DATE OF DEATH	+ 27 1950			
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If	institution : residence before admission)			
В.	FULL NAME OF (If not in hospit DSPITAL OR CHURCH HOS ISTITUTION CHURCH HOS			Manyl	and Dal	tenta s, write RURAL and give			
			nt A ve	Baltimo,		township)			
1		, .	Yrs.	11	rural, give location)	10.0			
6	ength of stay in Baltimore	113	Mos. Days	1608 Yako		5300			
5.	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	2-25-59	9. AGE (In years last birthday)	Onths Days Hours Min.			
	A. USUAL OCCUPATION (Give kind of donaduring most of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF			
	Plumber	Ke	tired	Maryland		S A COUNTRY			
13	FATHER'S NAME	- 1	1	14. MOTHER'S MAIDEN NAME					
	//Ichae/ D	and	el	Marcella Louch bach					
15 (Ye	. WAS DECEASED EVER IN U. S. ARMEI	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
	18. 1774	141 44	CAUSE	OF DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION	DIRECTLY	CAUSE	OF BEATH	La santa de Sa	ONSET AND DEATH			
	LEADING TO DEA	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Broachspreumonia							
	heart failure, asthenia, etc. It mes injury or complication which	ns the diseas	se,		**************************************				
Z	ANTECEDENT CAUSES (B) Uhunary Metention								
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
CA.	UNDERLYING CONDITION LA	AST.		JID	. 4 .				
ī	n		(c) Care	moma of 11	708/976				
ERTI	OTHER SIGNIFICANT COND			11 - 11					
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
J	19A. DATE OF OPERATION	9B. MAJOR	FINDINGS OF OPER	1 /1/0 -		20. AUTOPSY?			
CA	Sept 195"	1 212 01		ngurnal /	f in Rollimone City	YES NO			
MEDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in of about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?								
-	FINJURY (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?				
L		m.	WHILE AT NOT WHILE						
N	that I last saw the								
	22. I hereby certify that I att	, 195,	and that death occur	rred at S 💝 m., from t		he date stated above			
	23A. SIGNATURE MAS	10 the		3B. ADDRESS Home	Hopetal	9-27-0			
2	A. BURIAL, CREMA 248. DATE	_	M. D.		OCATION (City, town,				
TI	ON, REMOVAL (Specify)	0/51	CREMA	PHIRK					
	ATE RECEIVED BY REGISTRAR	SSIGNATU		27/00 B	5c/Imos	ADDRESS			
L	CAL REGISTRAR	Am & from	gl/E 0 G	J.T. STANSBU	DV ATAREA	man dagas			
F	28 1950	w area	TIME CALLET AL	A. O. PANSPO	A TIONED	nasum			
-			Country of the		051	L Ave.			

13-652

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

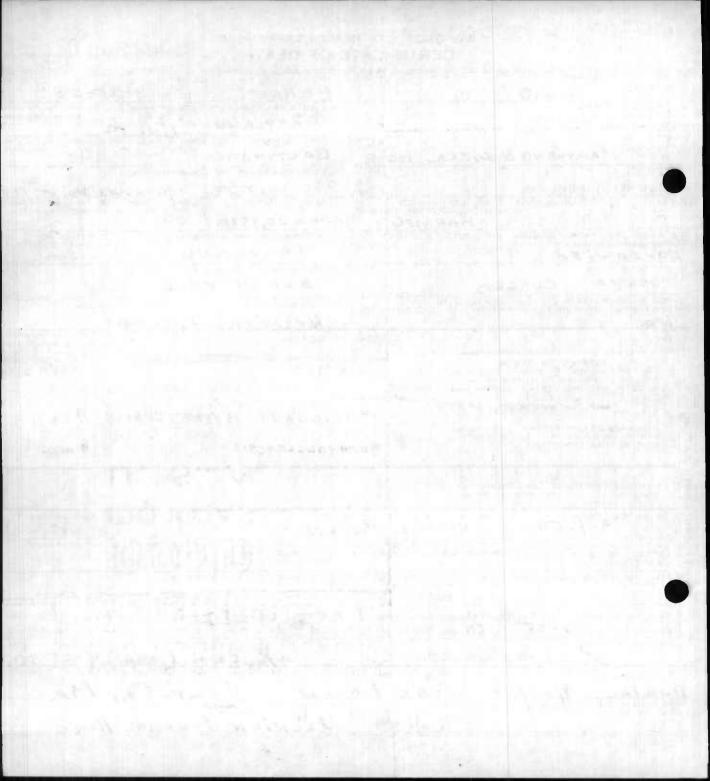
Registered No.

BIRTH NO 1. NAME OF DECEASED

2. DATE (Type or Print) BRANNOCK OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH B. COUNTY before admission) A. Baltimore City, Maryland A. STATE MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) MEMORIAL HOSPITAL ONION BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) MOR. N. LAKEWOOD AVE ength of stay in Baltimore Days 9. AGE (In years | | Under 1 Year | | Under 24 Hours | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 3-24-19 MALE WHITE SINGLE 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY MARULAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WRIGHTSON L. BRANNOCK FLOREANCE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO BRAINNOCK UII N. LAKEWOOD CAUSE OF DEATH 18 01.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., RHEYMATIC HEART DISEASE heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION EDICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, (Specify) INJURY OCCUR? HOMICIDE about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! WHILE AT WORK 9-76 19 50 to 9-27, 19 D, that I last saw the 22. I hereby certify that I attended the deceased from. 19 and that death occurred at lissam., from the causes and on the date stated above. 4-27 deceased alive on_ 23c. DATE SIGNED 234. SIGNATURE allace 27 Sept 1990 cucon Memoria 24c, NAME OF CEMETERY OR CREMATORY | 24c, LOCATION (City, town, or county) / (State) 24A. BURIAL, CREMA-I TION REMOVAL (Specify) 24B, DATE BITITI MORE MA BURIAL BALTIMONE OUNTESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VS 1505

Query - iron the absurantic heart deserve probably accompanies by at the time of death? Did auto, as determine type . , a to show the personale. ? active ender medeles? myornedoles? igetor multiple ? Dec Dominat File 50- 8247 for peth report in full 10-18-50

	13-50	00000	DAI	TIMORE CITY HE	EALTH DEPARTMENT	V		
	50	0240	BAL	CERTIFICATI		Registered No.	8248	
	RTH_NO.							
1. (Ty	pe or Print)	ENID	~		BEANE	2. DATE OF 9-25	-5-0	
	PLACE OF E				4. USUAL RESIDENCE (DEATH		
			al or institut	ion, give street address or	A. STATE RYLAND	1200 00	a a a a a a a a a a a a a a a a a a a	
HO	SPITAL OR			location)		f outside corporate limits, w	rite RURAL and give	
INS	TITUTION	MARYLAND (GENE	RAL HOSP.	BALTIMORE	53	0 (township)	
				Yrs.	D. STREET ADDRESS (If		-44	
d	ength of s	stay in Baltimore		Mos. Days	220 EAST ST	SPARDAUS	Parar 19	
5. 8	SEX	6. COLOR OR RACE		E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Und	er 1 Year If Under 24 Hours	
	F	W	M	ARRIED (Specify)	APRIL 20,1918	last birthday) Month	Bays Hours Min.	
10A	USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f		. CITIZEN OF	
A	louse	WIFE		INDUSTRY	MARYLA	ND	WHAT COUNTRY?	
13.	FATHER'S				14. MOTHER'S MAIDEN N	AME		
1E		SE BURG			ELLEN DODD			
(Yee,	oo or uokoown)	ED EVER IN U.S. ARMEL	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS	
	No.	Wan United			HOSPITAL	KECOROS		
	18. 446% CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
FICATION	(C)						9 m o.	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	19A. DATE	F OPERATION 3 1		FINDINGS OF OPER			20. AUTOPSY?	
X -		1-1-60	N	ORMAL AD	RENALS		YES NO L	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR?							exact location)	
Σ -			(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
	FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK							
	22. I hereby certify that I attended the deceased from 7-23, 1950, to 9-25, 1950 that I last saw th							
-	deceased alive on 9 - 25, 19 50, and that death occurred at 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED							
	ZSA, SIGNA	Doul &	· Hor	old M.D.	maryland &	General Hoses	9-25-50	
24/ TIO	A. BURIAL, N. REMOVAL (S	CREMA 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATIONY 24D. L	OCATION (City, thwn, or	county) (State)	
B	URIA	4/28/	50	UAK LA	WN ISA	9 LTO- (d.	14p	
LO	TE RECEIVE		S SIGNATU	IRE (0 40-)	25. FUNERAL DIRECTOR	C A	DDRESS	
	GD 0.7	वसी राज्य	Jon 18	() () () () () () () () () ()	VLLIZICH	L-MEIGHT H	045	
-	VS 150	1330	7E					

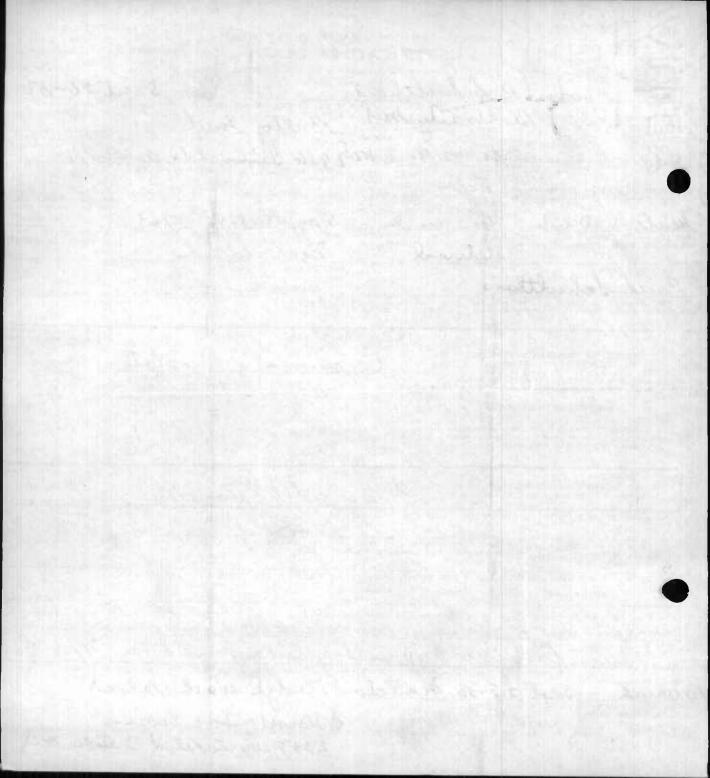


5-432 50 8249

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8249 Registered No.

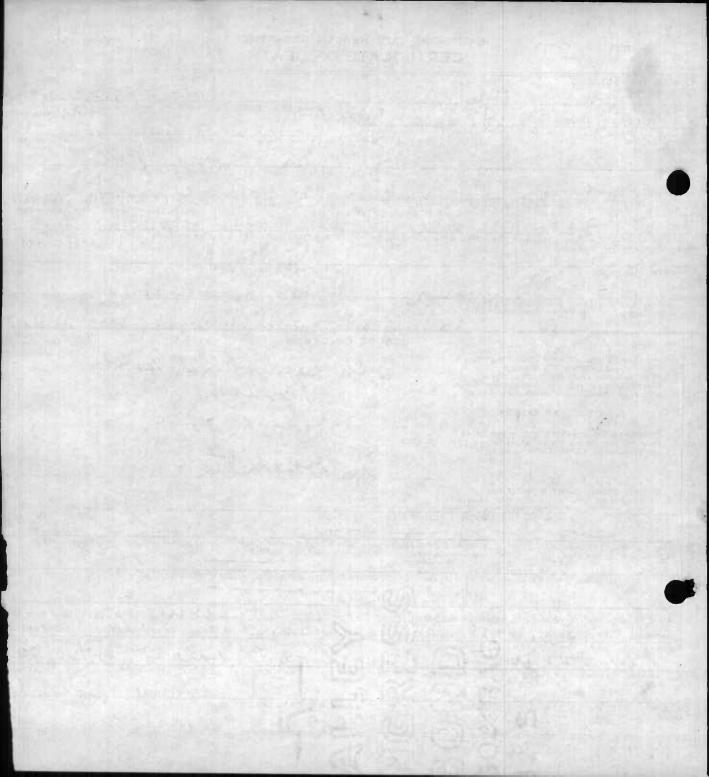
BI	RTH NO.								
(T	NAME OF DE	tolm	P Sc	hulthers			T26-50		
	Baltimore C	Maryland	alta	r.I. mel	4. USUAL RESIDENCE	Where deceased lived. If	institution : residence before admission)		
	FULL NAME O	OF (If not in hospit	tal or institutio	on, give treet address or location)		rd			
	L9/4	Anna	ech a	12 Bolts me	2916 Grine	alds are	s, write RURAL and give		
			1,	Yrs. Mos.	D. STREET ADDRESS (II	f rural, give location)	41.7		
C.	SEX	ay in Baltimore	7. SINGLE.	Days Days	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year 11 Under 24 Hours		
1	uale	W hile		ED, DIVORGED (Specify)		last birthday) Mo	nths Days Hours Min.		
10 work	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13	P. O	AME D DAG			14. MOTHER'S MAIDEN N	IAME			
15	WAS DECEASE	D EVER IN U. S. ARME	D EODCES?	16. SOCIAL	mown				
(Yes	, no or unknown)	(If yes, give war or date	os of service)	SECURITY NO.	17, INFORMANT	Al	DDRESS		
	18. 177	14	UT 1518	CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEAS	E OR CONDITION		0	0	pro- Lt	Lt emas?		
		not mean the mode ore, asthenia, etc. It mes	of dying, e.g.		remorna a	prostate	0 2008;		
		complication which			0 1				
		ANTECEDENT CAU	SES						
O		OR CONDITIONS,							
ΑŢ		ING CONDITION L		(C)					
FIC				(0)					
RTI	OTHER S	II IGNIFICANT COND	ITIONS CON-	. 12	1 10 f	0	9		
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATED	Space !	lized Orserio	relevosis			
				FINDINGS OF OPER	RATION		20. AUTOPSY?		
SAI			1		Late Williams DID	/IE :- D-14: C:4	YES NO		
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i rm, factory, street, office bldg.,		(If in Baltimore City, 1	give exact location)		
-	PID. TIME (Month) (Day) (Year) (Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?			
			m.	HILE AT NOT WHILE AT WORK					
deceased alive on Left 25, 1950, and that death occurred at 11 m., from the causes and on the date s							e, that I last saw the		
	23/7616/1/2	Page Page	liers	My.D	238. ADDRESS 2411 Washingto	u Blod - 30	9 27 50		
2	4A. BURIAL, C	REMA- 248. DATE	V 2	4C. NAME OF CEMETE	ERY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)		
3	ON, REMOVAL (S	Seel :	2 9-56	meado	w Redge w	ash Blo	et		
D	ATE RECEIVE	PAR	17 17/1	FL P	25. FUNERAL DIRECTOR	0	ADDRESS		
2	274050	Thurste	glor th	Manual M. D	& dound -T	oulson			
7	VS 150	1	-		2359 war	- Blind Ba	to 30 mc		
		-					0516		



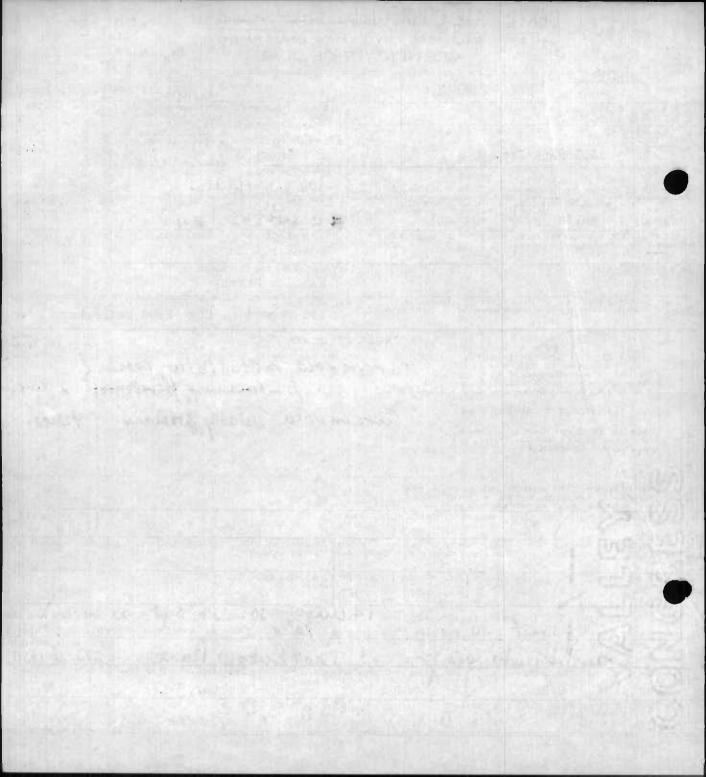
BALTIMORE CITY HEALTH DEPARTMENT

50 8250

Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DEGEASED (Type or Print) -DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 20 B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) (If rural, give location) D. STREET ADDRESS Yrs. Mos. Length of stay in Baltimore Days H Under 1 Year 7. SINGLE, MARRIED (
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years If Under) Year If Under 24 Hours last birthday) Months; Days Hours Min. 6. COLOR OR RACE 7-1900 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHELACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME enalist 15. WAS DECLASED EVER IN U.S. ARMED FORCES:
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT , 1950, to Sept 16 , 19 50 that I last saw the 22. I hereby certify that I attended the deceased from way 19 deceased alive on Sift 1950, and that death occurred at 5 3 .m., from the causes and on the date stated above 23c. DATE SIGNED 23A. SIGNATURE 261 MD 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24B, DATE FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR · butte grow Whitelle, Mi



50 825 BALTIMORE CITY HEALTH DEPARTMENT 8251 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) EULIA MURRAY COX OF Sept. 26, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore 1301 Park Ave. Yrs. D. STREET ADDRESS (If rural, give location) Mos 102 W. North Ave. ngth of stay in Baltimore Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) SINGLE B. DATE OF BIRTH 5. SEX 9. AGE (In years | II Under I Year | If Under 24 Hours | Jast birthday) | Months; Days | Hours | Min. 6. COLOR OR RACE female whi te 64 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Cox Matilda Murray 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS SECURITY NO. Mr. Robert F. Cox 2504 Wetherburn Rd. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Carcino ma metastatic, cerebral, pulmonary, peritonen 2 mos. LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Carcinoma, ovary primary DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 2 IA. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) 218, PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 22. I hereby certify that I atjended the deceased from 14 (2009, 1950, to 76 50 pt, 1950, that I last saw the deceased plive on 7550 pt, 1950, and that death occurred at 1000 a.m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE raw Mawhwen 24D. LOCATION (City, town, or county) AME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) 9/28/50 Burial Loudon Park Balto., Md. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR VS 150



6-163 50 8252 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	6-1	50 8258	BAL	TIMORE CITY HE			5(Registered	76.40	3252
ВІ	RTH NO.			CERTIFICATI	E OF DEATH		- Store u		
	NAME OF D ype or Print)	MARY VIR	GINIA H	EVERT		2. DA O DEA	F SAT	pt. 26	, 1950
A.		City, Maryland			4. USUAL RESIDENCE	CE (Where dec			on : residence pefore admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital location) INSTITUTION Wyman Pk. Drive & 31st St.									
0	ength of s	tay in Baltimore	?	12 years Mos. Days	D. STREET ADDRESS	Cold Sp		ane	
5.	sex F	6.COLOR OR RACE	7. SINGLE WIDOW Wid	E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH 6/26/82	last	E (In years birthday)	II Under 1 Yes	ays Hours Min.
10 work	A. USUAL OC done during most of MOI	CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12			WH	TIZEN OF HAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAID	EN NAME			
	?	Thomas McE	lwee		? Mary A. Lindner				
15 (Yes	. WAS DECEASE , no or unknown) ? No	ED EVER IN U.S. ARMED (If yes, give wer or deter	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.				
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Carcinoma of head of pancreas with Multiple metastases Obstructive jaundice (B) DUE TO								Inknown Inknown
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
AL C				FINDINGS OF OPER	ATION			20 YE	O. AUTOPSY?
MEDICAL	21a. ACCIDE HOMICIDE	ENT, SUICIDE. (Specify)		ACE OF INJURY (e. g., in farm, fectory, street, office bldg., e			timore City,	1	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK									
	deceased at	live on Sept. 2	6 1950	JACKBER 1		rom the caus	es and on	the date	I last saw the stated above DATE SIGNED 6/50
710	Burial (S	Specify) Sept, 30		24c. NAME OF CEMETE Mount Carm		Vorthumbe			ty) (State)
	P 27195		SSIGNATU	JRE O	Surgee Funera		3631	Falls	s Road
	VS 150		A		Morney 9	4 Duras	1		

		ALP COLUMN TO SERVICE	ALC: NOTE THAT
A CLASS OF THE PROPERTY OF THE PARTY OF THE			
	DESTRUCTION OF THE REAL PROPERTY.		
		med in any office	
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	A Company	W. LOSSIE HARD THE TO	Summer of the latest
The state of the s	4 4 . 9		P-02-16-073-0011-001
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8253 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location D. STREET ADDRESS Mos. ength of stay in Baltimore IS Tavs 5. SEX 6. COLOR OR RACE AGE (In years 7. SINGLE, MARRIED. B. DATE If Under 1 Year OF BIRTH If Under 24 Hours last birthday Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) n 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY mod. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tronuncia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes. no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. 7 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL YES (If in Baltimore City, give exact location) 21c. WHERE DID

21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

about home, farm, factory, street, office bldg., etc.)

NOT WHILE! WHILE AT

WORK 22. I hereby certify that I attended the deceased from_

deceased alive on 9/25, and that death occurred at 6:40 Am., from the causes and on the date stated above. 23A. SIGNATURE 1.8.

24c. NAME OF CEMETERY

23B. ADDRESS

23c. DATE SIGNED

9/26 1950, that I last saw the

24A. BUMAL, CREMA-24B. DATE

(City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

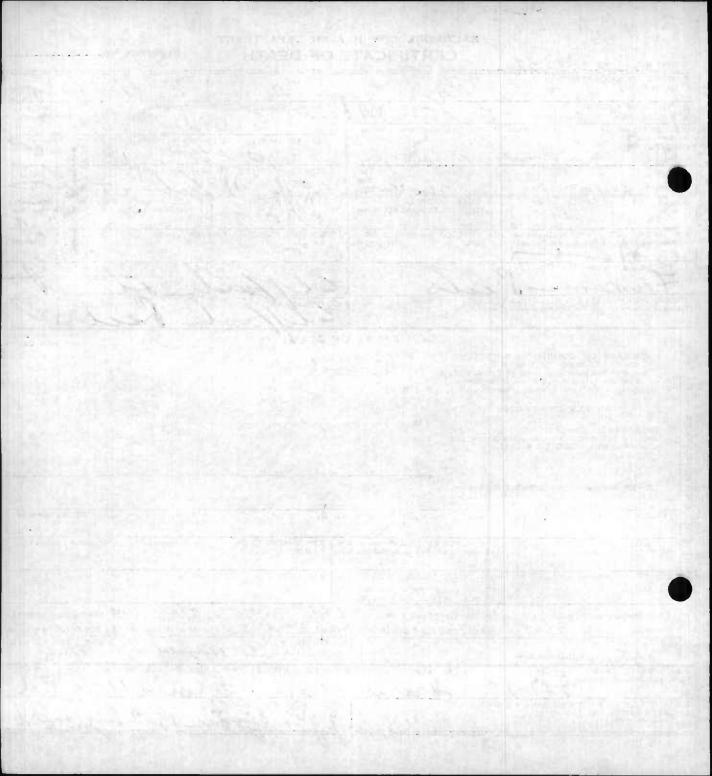
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ADDRESS

(Specify)

HOMICIDE

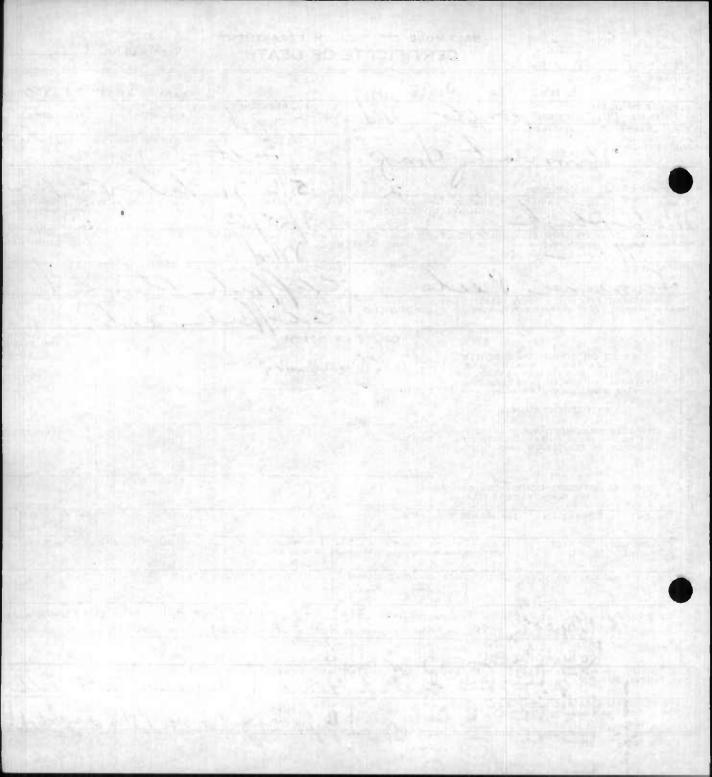
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ВІ		EALTH DEPARTMENT E OF DEATH	Registered No.	8254
	NAME OF DECEASED Baby Boy Peels "A"		2. DATE OF DEATH Sept	2,27,1950
	PLACE OF DEATH: Baltimore City, Maryland Salta M	4. USUAL RESIDENCE (W		titution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)		outside corporate limits, v	vrite RURAL and give township)
-	Monroch Hoafs.	D. STREET ADDRESS (If r	ural, give location	02
0	Length of stay in Baltimore Mos. Days	5/L n	lulunge	in for
3	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9 25 50		ei 1 Year II Under 24 Hours Days Hours Min.
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	11. BIRTAPLACE State or for	reign country) 12	. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME /	-01
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT (F	ADD	RESS
(1 6	(If yes, give war or dates of service) SECURITY NO.	Chefre	Piel	
ERTIFICATION	CAUSE DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	of DEATH		INTERVAL BETWEEN ONSET AND DEATH
RTI	OTHER SIGNIFICANT CONDITIONS CON-			
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 19B, MAJOR FINI	PATION		20. AUTOPSY7
AL	19a. DATE OF OPERATION 19a. MAJOR FINDINGS OF OPER	(ATTON		YES NO
IEDICAL	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		f in Baltimore City, give	e exact location)
M	deceased alive on Sept. 27, 1950, and that death occu	pt 25 , 1950, to Se	re 2. 27, 19 ⁵ 6, the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED 9-27-50
TIC	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify) 9-27-50 Sourced	Heart De	CATION (City, town, or	ill Rd
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	done 1318	July 14

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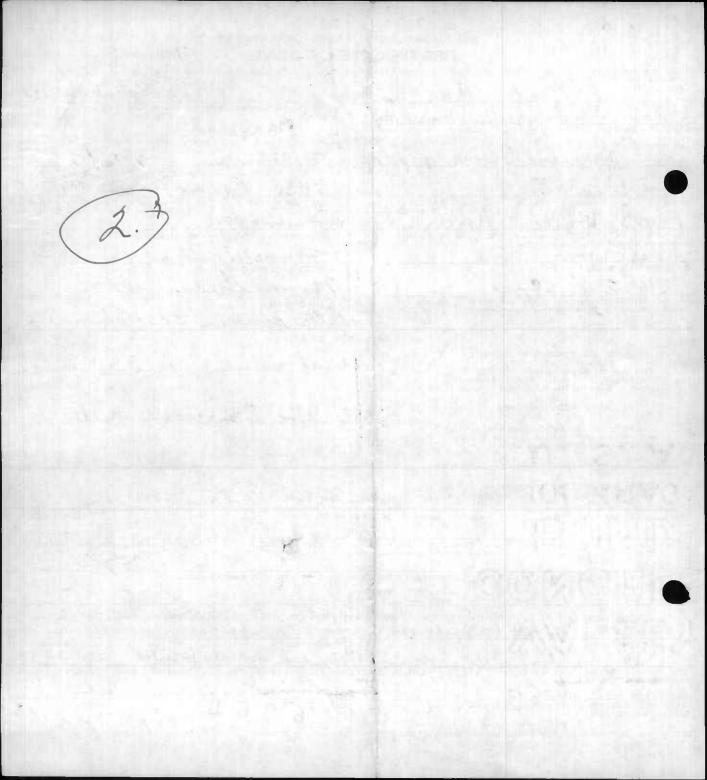
8250 CERTIFICATE OF DEATH

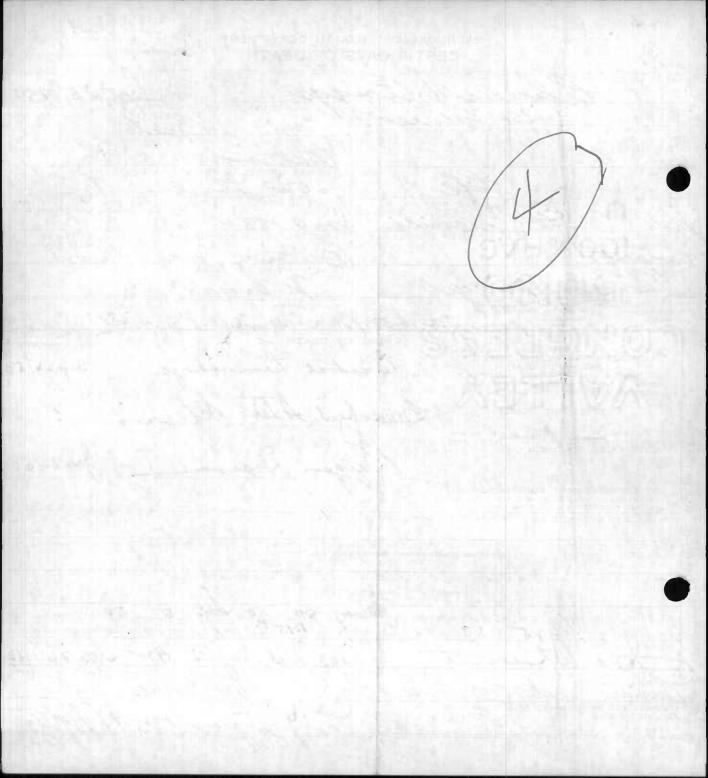
50 8255 Registered No.

BIRTH NO.								
1. NAME OF D					2. DATE OF			
2 DI 10E 0E E	Hubert Ki	ng			DEATH 9-	25-50		
3. PLACE OF D	City, Maryland			A. USUAL RESIDEN	NCE (Where deceased lived. B. COUNTY	If institution; residence before admission;		
B. FULL NAME	OF (If not in hospi	tal or institut	ion, give street address or	Maryland				
INSTITUTION	Baltimore Ci	ty Hosp	itals location)	c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and give		
21	4940 Eastern	Avenue		Baltimore	2	6-05 township		
			Yrs.	D. STREET ADDRES	SS (If rural, give location)			
angth of s	tay in Baltimore		12 yrs. Mos. Days	601 Rappol	la Street			
5. SEX	6. COLOR OR RACE	7. SINGL	F MARRIED	8. DATE OF BIRTH	9. AGE (In years)	If Under I Year If Under 24 Hours		
Male	White	WIDOW	Single (Specify)	July 26, 187	74	Months Days Hours Min.		
10A. USUAL OC	CUPATION (Give kind o	I 108 KIND	OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)	1 12. CITIZEN OF		
ork done during most	of working life, even if retired WORKER	Beth	Steel Co	-		WHAT COUNTRY		
13. FATHER'S		Deon	DOCCT OO	Pennsylvan				
			(D)	Anna	?	/**		
	ael King			Alma		(원)		
Yes, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
				Records: B. C	. H. 4940 Easte	rn Avenue		
18. 420	. 0	67 Y 70		OF DEATH		INTERVAL BETWEEN		
1 6. 0	SE OR CONDITION	DIRECTLY				ONSET AND DEATH		
(This does	LEADING TO DEA not mean the mode	TH of dving, e. c	Corona	ry Occlusion		3-5 Min.		
heart failu	irc, asthenia, etc. It me	ans the diseas	e,					
injury or	injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES (B) Arteriosclerotic Heart Disease							
DISEASE	DISEASES OR CONDITIONS, IF ANY, GIVING							
RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO					
5	THE CONDITION L		(C)					
	11				•			
OTHER S	II SIGNIFICANT COND	ITIONS CON				over 1		
	TO THE DEATH, BUT			of Liver		year		
			FINDINGS OF OPER	ATION		20. AUTOPSY?		
d	7					YES NO		
21A. ACCIE	ENT WAS UNDER-		ACE OF INJURY (c. g., in			, give exact location)		
LYING OF	R CONTRIBUTING	about home,	farm, factory, street, office bidg.,	bb.) INJURY OCCUR	?			
2	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F HOW DID I	INJURY OCCUR?			
YAULUI Y	(, , , , , , , , , , , , , , , , , , ,		WHILE AT NOT WHILE					
		m.	WORK AT WORK					
			deceased from 6-9		to 9-25 , 19.			
	live on 9-25	, 19.50	and that death occur	red at 6:45Pm., 1	from the causes and on	the date stated above		
23A, SIGNA	TURE	17/	A TOP OF THE REAL PROPERTY.	3B. ADDRESS		23c. DATE SIGNED		
	M.	100	M. O.	4940Eastern A	Venue	9-26-50		
24A. BURIAL. TION. REMOVAL (S Buria	CREMA- 24B. DATE	//			240. LOCATION (City, tow			
Buria	1 9-2	9-50h	Sacred He	art	Baltimore,	md		
DATE RECEIVE			RECOLLAND	25. FUNERAL DIRE	CTOR	ADDRESS		
LOCAL REGIST	TAR 25066	Yakan El		2 Change	Pu - 463 1.	Wolla St.		
ED OFTIER	0	R.C.		6 7/5/1		7		
EP 2571595	U		16001	1 1/1/		1/12/1		

Sented Bearts v. 10-31 10-11-31 12-31

M-622	000
BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	8256
1. NAME OF DECEASED MARY MARKUS 2. DATE OF DEATH SEPTEM	der 25, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland Maryland Henral Henral Henral A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or	nstitution ; residence before admission)
HOSPITAL OR INSTITUTION MARYLand GENERAL Hospital Baltimore 27	write RURAL and give township)
ength of stay in Baltimore Yrs. Mos. Days Da	#15
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years HI Last birthday) Mon	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work floor door door door door foreign country) Nous work floor floor foreign country) Nous work floor flo	2. CITIZEN OF WHAT COUNTRY
John Fisher Many Spenawalt	7
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, oo or uoknown) (If yos, give war or dates of service) SECURITY NO. Peter Warkens 5030 (Security No. 17)	oress mer One.
18. 443 X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	\$ 2 months
ANTECEDENT CAUSES BUTTER OF COLOR CONTRACTOR OF CONTRACTOR	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. GENERALS EL CELERIOSE TO THE DISEASE OR CONDITION CAUSING IT.	la
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?	ve exact location)
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK	
deceased alive on 2, 1950, and that death occurred at 137, m., from the causes and on the	that I last saw the
23A. SIGNATURE WEYN M. CLIST W. AMON J. B. S.	23c. DATE SIGNED
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, of TION, REMOVAL (Specify) Sept 35/50 Lypeck Transformed Woodlawn, W	r county) (State)
DATE RECEIVED BY REGISTRAR SIGNATURE MINUS ME FUNERAL PIRECTOR!	Holto Ore
P 2 79 9590 7 20 8 A	092d

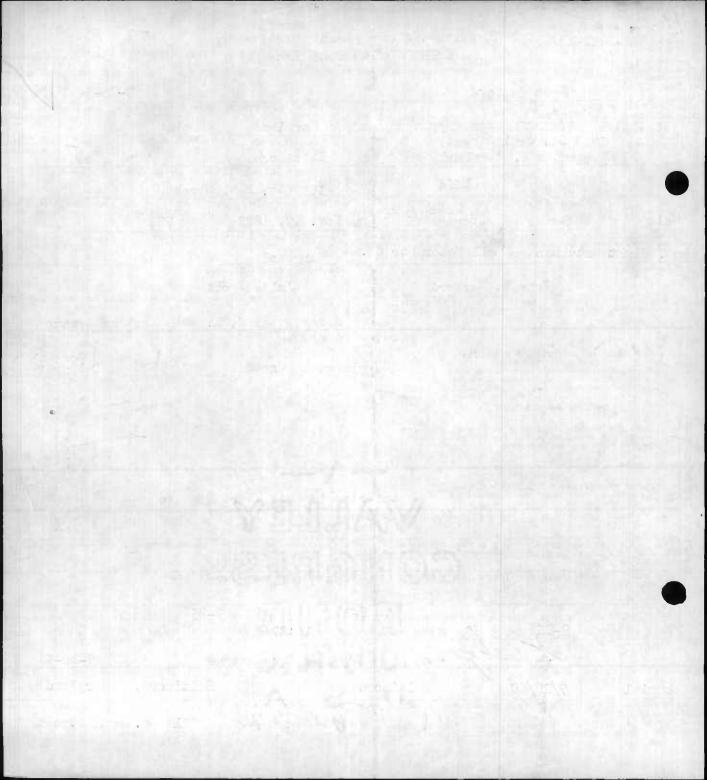




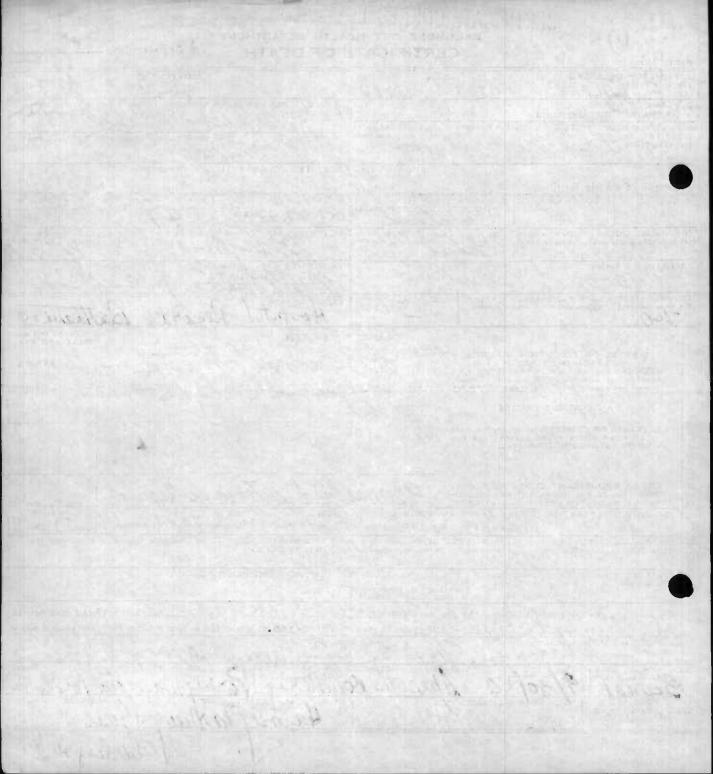
REA-141141 8258 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8258 Registered No____

BI	RTH NO.			OLIVIII 10/VI	E OI DEATH		
	NAME OF D					2. DATE	
		John Ba	sford			DEATH 9-25	-
Α,		City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If ins	stitution : residence before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)			
IN	STITUTION	1813 St. Pau				f outside corporate limits,	write RURAL and give township)
-0		Baltimore 2,	Maryla		Baltimore	12-	
			T. 4	fe Yrs.	D. STREET ADDRESS (If	f rural, give location)	
		tay in Baltimore		Days	1813 St. Paul		
	SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years of United last birthday) Month	der I Year If Under 24 Hours hs: Days Hours Min.
	Male	White		parated	Nov. 17, 1872	77	
10 worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country) 12	CITIZEN OF
Re	et. Nighi	Watchman	Zell M	lotor Car Co.	Maryland		WHAT COUNTRY
13	. FATHER'S	AME			14. MOTHER'S MAIDEN N	IAME	
		John	H. Basf	ord	Julie Trou	it	
15	. WAS DECEASE	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT	ADE	RESS
(10	, no or uoroowo)	(If yes, give war or date	s OI service)	SECURITY NO.	Records: B. C. H		
	18. 177			CAUSE	OF DEATH	. 4740 Pasterii	INTERVAL BETWEEN
	' 111	E OR CONDITION	DIDECTIV	CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEAT	TH	Carei	noma of Prostate		More than
	heart failu	not mean the mode ore, asthenia, etc. It mea	ns the discas	e,	noma or alosvave	***************************************	l year
	injury or	complication which c	aused death	.) DUE TO			
		ANTECEDENT CAUS	ES				
Z	DISEASES	OR CONDITIONS, II		(B)	•••••	***************************************	
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
Y	UNDERLY	ING CONDITION LA	.ST.	(C)	***************************************	***************************************	
CERTIFICATION							-
T	OTHER S	II IGNIFICANT CONDI	TIONS CON	4-			
H	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D Antoni	osclerotic Heart	Disease	
				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL							YES NO
MEDICAL		ENT WAS UNDER-		ACE OF INJURY (e. g., icarm, factory, street, office bldg., e		If in Baltimore City, give	e exact location)
Σ	21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	FINJURY			WHILE AT NOT WHILE			
h			m.	WORK AT WORK I	20 (0 0	07 70	
	22. I hereby certify that I attended the deceased from 8-29, 1950, to 9-25, 1950, th						
		ive on 9-25	, 19_50.		red at 10:27 P., from	the causes and on the	date stated above.
	23A. SIGNAT	TURE	Die	0	38. ADDRESS		23C. DATE SIGNED
	DUDIAL A	DEMAL SALE	and a	M. D. 4	940 Eastern Avenu	le	9-26-50
TIC	burial (S	248. DATE pecify) 9/28/50		Baltimore	RY OR CREMATORY 240. L		county) (State)
DA	ATE RECEIVE	D BY REGISTRAR	SSIGNATU	RE.	25. FUNERAL DIRECTOR	A	DDRESS
	ST PEGIST	1050	5	M. Care M.	of mi Cook, Inc.	1217 St. Pau	1 Street
=			100	As a second seco	M		T.



BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) HAYES OF WILSON DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence E COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR JMION Memorial location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE B. DATE OF BIRTH | 87] 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year It Under 24 Hours WIDOWED DIYORCED (Specify) last birthday) Months Days Hours Min. Widowed 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY WHAT COUNT tarmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. LL 200.2 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT OPERATION 19A. DATE OF OPERATION 198. MAJOR FUNDINGS OF 20. AUTOPSY nich : anaplastic Carcinoma asiOPS mass in 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) EDI (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE 22. I hereby certify that I attended the deceased from SEPT. 12, 1950, to SEPT. 12, 1950, that I last saw the deceased alive on 5577-22, 1950, and that death occurred at / Alm., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24CANAME OF CEMETERY OR CREMATORY LOCATION (City yown, or county) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



9	300							
В	IRTH NO. 50	8200		CERTIFICAT	E OF DEATH	Registered No.	820	
	NAME OF D		Footo			OF DEATH SOLATE	mh 26,1950	
	Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE ()		titution: residence before admission)	
	FULL NAME			on, give street address or location)	c, CITY OR TOWN (I	Harlos	d	
11	33		dans hopeins	HOSPITE	C. CITY OR TOWN	f outside corporate limits, w	township)	
c.	ngth of st	tay in Baltimo	re	Yrs. Mos. Days	O. STREET ADDRESS (If	rural, give location)	00	
5.	SEX	6. COLOR OR R.	ACE 7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Und last birthday) Month	er I Year Hours Min	
F	Jamole	white	, 5 m	role	9-26-50		17	
worl	A. USUAL OC	CUPATION (Give) f working life, even if re	tired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 12	CITIZEN OF WHAT COUNTRY?	
13	FATHER'S N	IAME	- 1-	TENNER DE	14. MOTHER'S MAIDEN N	AME		
16	WAS DECEASE	D EVER IN U. S. A	vale	٠	Helen			
(Ye	e, no or nnknown)	(If yes, give war o	r dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	NS ROPKIRS BOSPINE	RESS	
	18. 570	13	Shirt Tay	CAUSE	OF DEATH		INTERVAL BETWEEN	
		E OR CONDITI	DEATH	2016	stinal Obstru	ation.		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
H								
Z	VALUE OF WILLIAM							
E	RISE TO TH	HE ABOVE CAUSE	(A) STATING TH	E OUE TO				
ICA				(C)				
RTIFICATION	OTHER C	II .	NDITIONS CON	0				
CER	TRIBUTING	TO THE OEATH,	BUT NOT RELATE TION CAUSING IT	0 12001	ing Ludensy	- etiol?		
٦	The state of the s	OPERATION		FINDINGS OF OPER	ATION .		20. AUTOPSY?	
EDICA	9126	50	VOLV	CE OF INJURY (e. g., is	or 2 C. WHERE DID (M. in Balainess City	YES NO L	
MEDI		ENT WAS UNDE CONTRIBUTIN DEATH		arm, factory, street, office bldg.,		If in Baltimore City, give	exact location)	
	21D. TIME (Month) (Day) (W	VHILE AT NOT WHILE		Y OCCUR?		
	22. I herch	y certify that	m.	deceased from	-26 ,1950 to	9-7.10 1950.	hat I last saw the	
	deceased al	ive on 9 -	26, 1950	and that death occur	red at 1045 Pm., from t	the causes and on the	date stated above.	
	23A. SIGNAT	Hison	Clark &		38 ADDRESS		2-27-50	
24 TI	A BURIAL C	REMA- 24B. DA	TE 2	4c. NAME OF CEMETE	RY OR CREMATORY 24D. L	CATION (City, town, or	county) (State)	
_1	201141	siff	30	allerdely	Comelery als	esdeen ma	ryland.	
	ATE RECEIVED		RAP'S SIGNATU	0 0 0	25. FUNERAL DIRECTOR	0 3 M	DORESS	
-	SER 27'Y	50 11	utiliza are	Williams, M.S.	receiving the	MINITY DE	us	
,	7 LVS 150	-	-0-	II ON BURNE IT S.	100	a About 41.	9,1-20	

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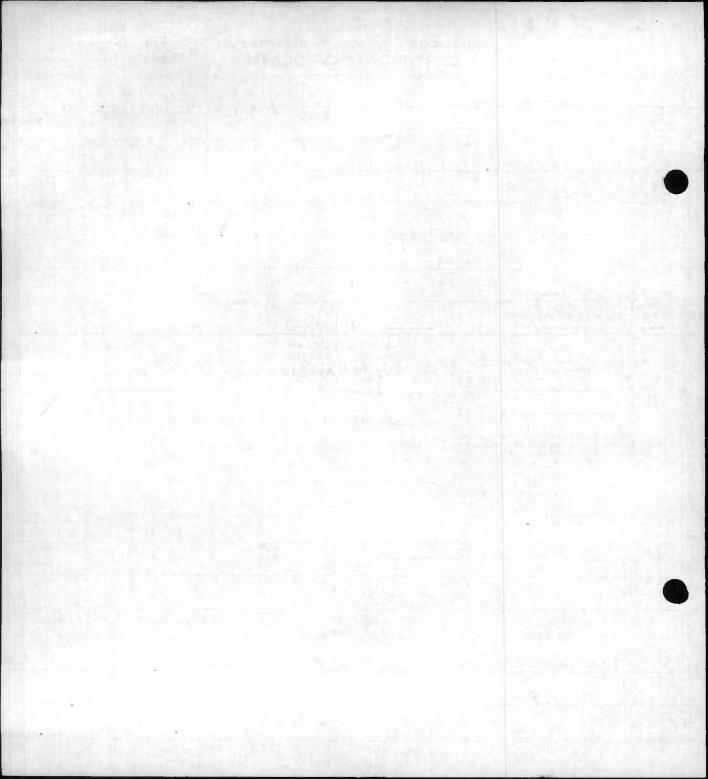
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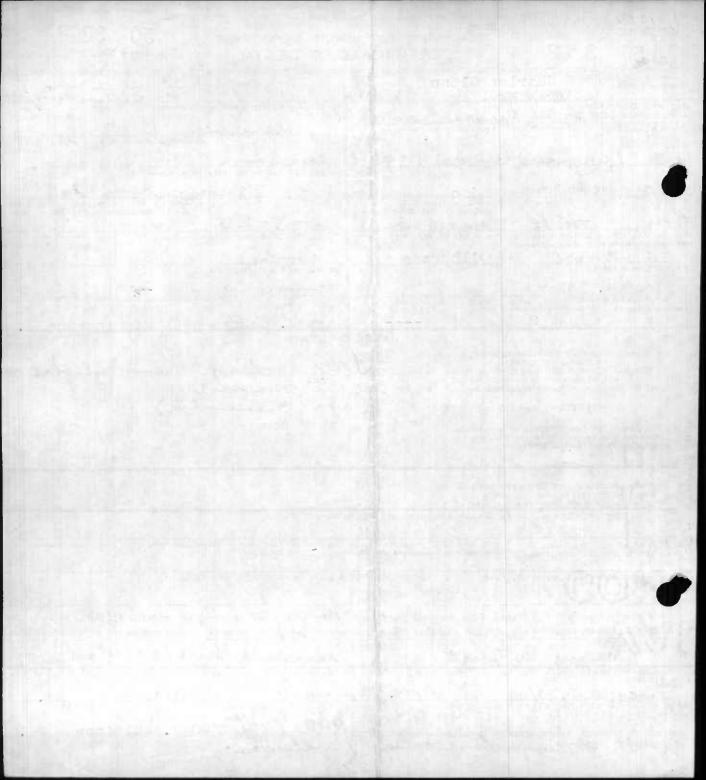
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8261 Registered No.

В	IRTH NO.										
	NAME OF DI	ECEASED	4-1-1-			2. DATE OF					
Ì		John Br	acev	Cordero		DEATH S	ent. 26 1950				
	Baltimore C	EATH: lity, Maryland	•		4. USUAL RESIDENCE A. STATE	(Where deceased lived B. COUNTY	d. If institution: residence before admission)				
Н	FULL NAME (OF (If not in hospit	al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN	(If outside corporate)	imits, write RURAL and give				
0	NOITUTION	.857 Park A	ve.		Baltimore	- 11	-OL township)				
	Y			Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)				
_		tay in Baltimore	30	Venne Days	857 Park	Ave					
5	. SEX	6. COLOR OR RACE	7. SINGLI WIDOW	E. MARRIED. (ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.				
	ale	White		Married	March 22 18	85 85					
TOP	DA. USUAL OCO k done during most o	CUPATION (Give kind of f working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	Doc.	tor	Ev	eglasses	South Ca	rolina					
13	B. FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME					
	John	Cordero			Nancy 01	iphant					
(Ye	s, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	***				Roberta Co	rdero 85	7 Park Ave.				
	18.420,	0.		CAUSE	OF DEATH		INTERVAL BETWEEN				
		DISEASE OF CONDITION DIFFCTLY									
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) AR FER 105CLERARY I-TENET DISCUSSION										
	heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO										
100	ANTECEDENT CAUSES GENERAL TIL BEKEND RELIEVE										
6	DISEASES	OR CONDITIONS, I	F ANY, GIVII	(B)							
CERTIFICATION	RISE TO T	HE ABOVE CAUSE (A)	STATING T				3/4/2 11.11				
<u>Q</u>							100000000000000000000000000000000000000				
브		11		_(C)							
2		IGNIFICANT COND					- Y - Y - 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3				
Ü	TO THE D	ISEASE OR CONDITION	CAUSING	т							
۲	19A. DATE O	F OPERATION 0	98. MAJOR	FINDINGS OF OPER	ATION		YES NO P				
S	2 A ACCIDE	NT, SUICIDE,	1 2 IB PL	ACE OF INJURY (e. g., is	or 21c. WHERE DID	(If in Baltimore Ci	ty, give exact location)				
EDICAL	HOMICIDE	(Specify)	about bome,	farm, factory, street, office bldg.,	tc.) INJURY OCCUR?						
Σ	TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJ	LIRY OCCUR?					
1	INJURY	Month, (Day) (Tear)	, ,	WHILE AT NOT WHILE							
			m.	WORK AT WORK		01/1/	(3)				
	22. I hereby	y certify that I att		deceased from		26 141, 1	930, that I last saw the				
		ive on 26 Dept	_, 19_20	and that death occur		m the causes and o	n the date stated above.				
	23 SIGNAT	welledy	1010	110/	3 ADDRESS	he deal Ut	23c. DATE SIGNED				
2	4A. BURIAL.		0000	M. D. 24C. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, to	own, or county (State)				
11	Burial	9/27/	50	New Cathe	dno? Com	Baltimore	Ma				
	ATE RECEIVED		SSIGNATI	RE	PS. FUNERAL DIRECT	OR ()	ADDRESS				
L	D 27195	PAR Thurt	vator /	Militaries, M. S.	John A. Moras	3000 E. Bal	timore St.				
=	VC 150		10	7	1 186		1				



-	600					. 50	8262
В	18TH NO.	8262			E OF DEATH	Registered	4514
(7	NAME OF D Type or Print)	CO ROSK &	es Gle	nn ZE Roll	1	2. DATE OF DEATH SE	den 126/190
В.	FULL NAME	City, Maryland	prylau al or Instituti	Menand Hospiton, give street address or	4. USUAL RESIDENCE (Where deceased lived. B. COUNTY	f institution; residence before admission)
	OSPITAL OR ISTITUTION	larinhand	Coru sh	of Hospital	100	f outside corporate limi	its, write RURAL and give township)
	ngth of st	tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (III	f rural, give location)	Pd-#12
5.	SEX ALS	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Up years	If Under 1 Year on the Days Hours Min.
1C wor	k done during most o	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N		1 0110	urner (M)	14. MOTHER'S MAIDEN N		
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. 230			CAUSE	Mary J. LeRov OF DEATH	341 Benr	INTERVAL BETWEEN ONSET AND DEATH
	(This does heart failu	LEADING TO DEA not mean the mode of re, asthenia, etc. It mes	TH of dying, e.g. ns the disease		ularachno	id harmor	hage Shours
		complication which of ANTECEDENT CAUS		DUE TO AC	ule massi	otic)	
ERTIFICATION	RISE TO TH	OR CONDITIONS, I HE ABOVE CAUSE (A) TING CONDITION LA	STATING THE	(B) 3 E DUE TO			
IFICA		II		(C)			
CERT	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED				
CAL	arrent.	0		FINDINGS OF OPER			YES NO X
MEDICAL	CAUSE OF		about home, fa	CE OF INJURY (e. g., in rm, factory, street, office bldg., c		If in Baltimore City,	give exact location)
	21D. TIME (Month) (Day) (Year)	w	1E. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	22. I hereby	y certify that I att	ended the	deceased from	red at 12 m., from	legs tembri 195	that I last saw the
	23A. SIGNAT	way In	ceip	M. D. 2	Se. ADDRESS Waryland &	eneral Hospita	23c. DATE SIGNED
TIC	DN, REMOVAL (S)	pecify) 9/30/50		4c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	
	ATE RECEIVED DCAL REGISTION 171050	BY REGISTRAR	S SIGNATU	Guedine o	Own AMONAS	OOO E BAI	ADDRESS
6	THE NEX	margai	intri	Journa (adleins.	ACC No DRIVE	0830
				07/31			1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



59 8263RP REA-141823 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 50-19958 1. NAME OF DECEASED 2. DATE (Type or Print) Baby Boy Johnson- Melvina DEATH 9-21-50 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals 4940 Eastern Avenue C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Life Mos. ngth of stay in Baltimore 633 W. Conway Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days WIDOWED, DIVORCED (Specify) Hours Min. Male Negro Sept. 20, 1950 Single 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Melvina Johnson Eddie McFadden 15. WAS DECEASED EVER IN U. S. ARMED FORCES!
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Records: B. C. H. 4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Multiple Congenital Anomalies (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Interauricular septal dyect defet ANTECEDENT CAUSES Inperforate anus RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE To Failure of at ureter to communicate (c) with bladder. OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE OEATH, BUT NOT RELATED Subarachnoid Hemorrhage TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE ! WHILE AT 22. I hereby certify that I attended the deceased from 9-20 150 to 9-21 . 1950, that I last saw the 19 50 and that death occurred at 9:15 Am., from the causes and on the date stated above, deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue 9-25-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME of CEMETERY OR CREMATORY | 24o. LOCATION (City, town, or county) B. C. H. Crematory Baltimore . Maryland 9-23-50 Cremation

25. FUNERAL DIRECTOR

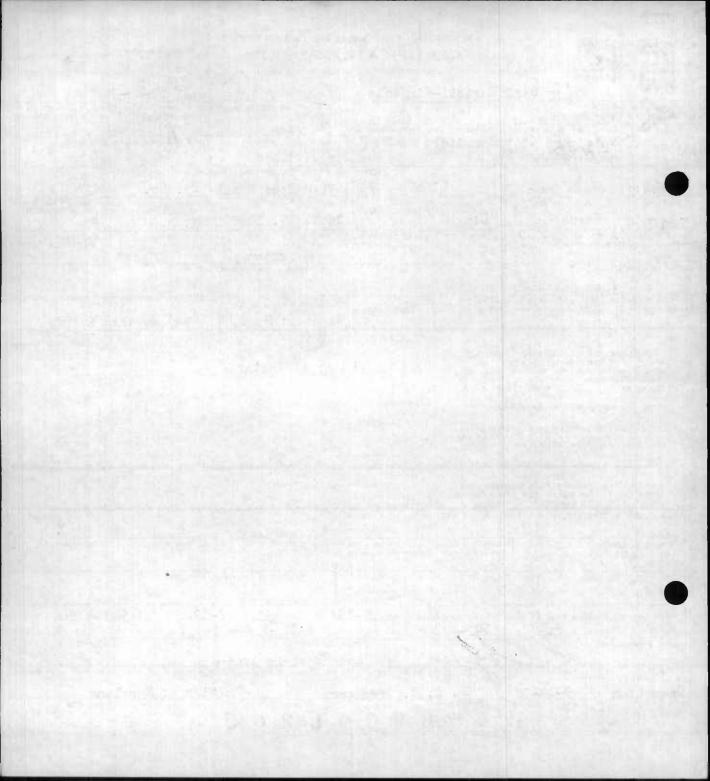
ADDRESS

DATE RECEIVED BY

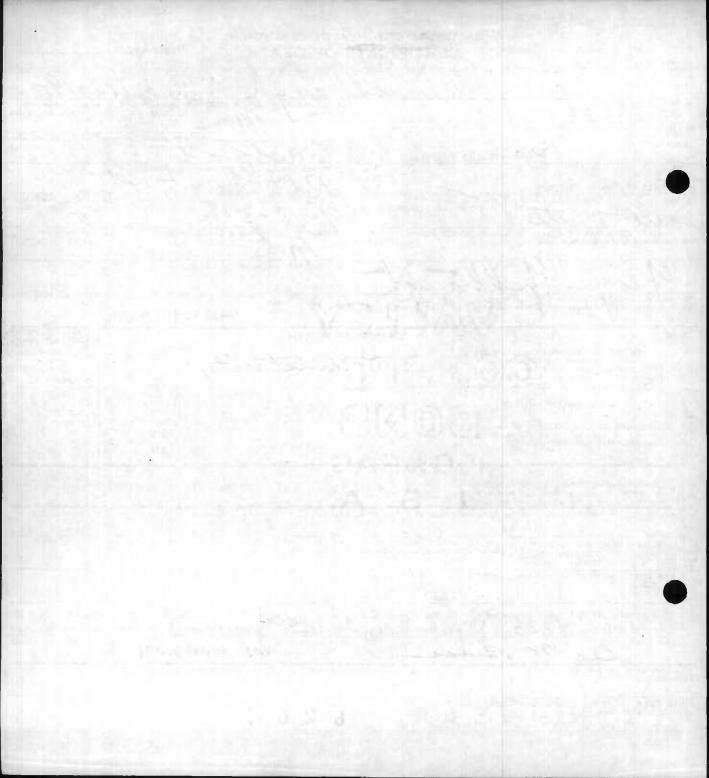
REGISTRAR'S SIGNATURE

additional info - Dec Down File 50 - 8263

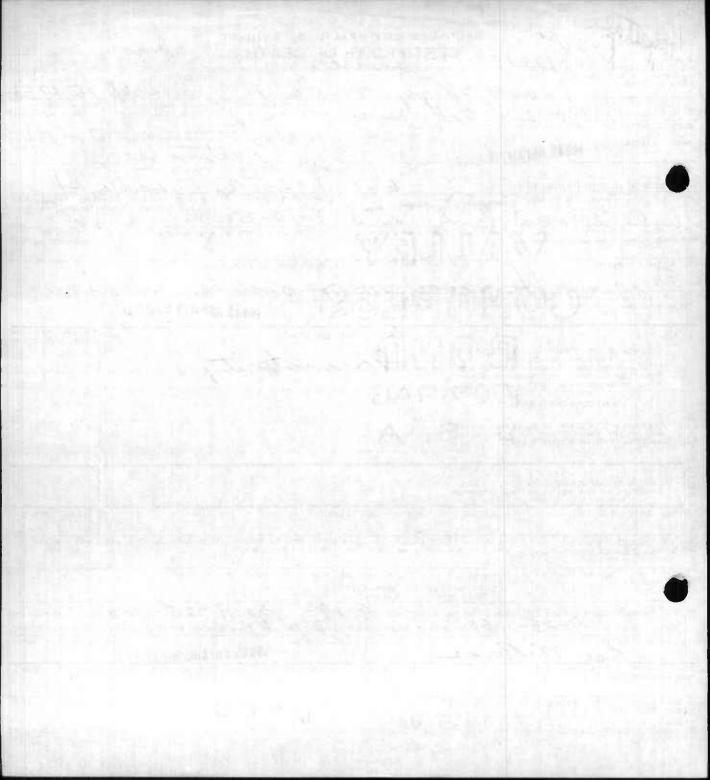
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-	O REASI	11764	BAI	LTIMORE CITY HI	EALTH DEPARTMENT	5	0 826:
0		50-19944		CERTIFICAT	E OF DEATH	Registered No.	
==	NAME OF D					Longier	
(7	Type or Print)	Baby Gir	1 Russ	ell-Virginia		2. DATE OF DEATH 9-23-50	
A.		City, Maryland	-1 1414	tion, give street address or	4. USUAL RESIDENCE (WA. STATE Maryland	here deceased lived. If ins	stitution : residence before admission
H	OSPITAL OR	Baltimore Cit	T Hoen	don, give street address or location)		outside corporate limits,	write RURAL and giv
11	21	4940 Eastern	Avenue	10813	Baltimore		township
c	eth of s	tay in Baltimore		Life Yrs. Mos. Days	110 Honeysuckl		300
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Und	der 1 Year If Under 24 Hour
	Female	Negro	Sin	vED, DIVORCED (Specify)	Sept. 18, 1950	N. B. Month	hs Days Hours Min
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12	2. CITIZEN OF
				MOOSIKI	Maryland		WHAT COUNTRY
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
		Jack Russell			Virginia		
(Ye	o. WAS DECEASI os, no or unknown)	ED EVER IN U. S. ARMEI (1f yea, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
					Records: B. C. H	. 4940 Easterr	Avenue
ERTIFICATION	(This does heart failu injury or DISEASES	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS G OR CONDITIONS, IT HE ABOVE CAUSE (A) //ING CONDITION LA	FH dying, e. g ns the diseas aused death ES FANY, GIVING STATING TH	(A) Conge	OF DEATH nital Atelectasis		ONSET AND DEAT
CERTIFI	TRIBUTING TO THE D	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	T			
Ļ	MA. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	LYING OF	ENT WAS UNDER-	218. PL/about home,	ACE OF INJURY (e.g., i farm, factory, street, office bldg.,	n or 21c. WHERE DID (If	in Baltimore City, give	e exact location)
Σ	CAUSE OF	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUP2	
	INJURY	(Monthly (Day) (Tear)		WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCURT	
	22. I horoh	u certifu that I att		deccased from 9-	18 1050 to 9.	-23 , 19.50, 1	that I last saw th
	deccased al		19.59	and that death occur	red at 8:30 Pm., from th	e causes and on the	date stated about
	23A. SIGNAT		1		3B. ADDRESS		23c/DATE SIGNED
		CB. E	Cohe	M. D. 4	040 Eastern Avenue		1/25/50
2. TI	4A. BURIAL. (SON, REMOVAL (S		0 -	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	CATION (City, town, or	
_	Cremation	n 9-24-50	I	B. C. H. Crema		timore, Maryla	nd
L	SAL PEGIST	BY REGISTRAR	MARK A	ERLIGIMO)	0 8 2 6 3	A	DDRESS



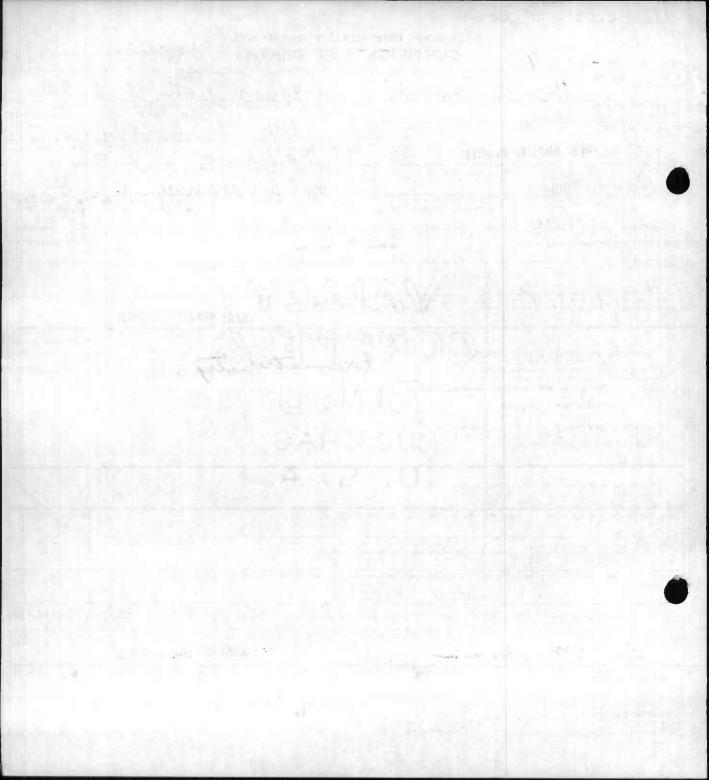
22	Jospital Disposal		
5		EALTH DEPARTMENT Registered No.	8267
ВІ	RTH NO. 7 . L.	E OF DEATH Registered No.	
	NAME OF DECEASED Paly Gil Cost	Vaugh 2. DATE OF DEATH DOLL	73/9/8
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased if ed. If instit	turion /residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address of spiral OR	, I am a market of the second	runder
IN	HOMES ROPKIES HOSPITAL	c. CITS OR TOWN (If outside corporate limits, wr.	township)
	Yrs. Mos. Mose	D. STREET ADDRESS (If rural, give location)	5200
5/	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under	
10	male White WIDOWED, DIVORCED (Specify	9-13-56 last birthday) Months	5
work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTR		CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	Jeorge Cshbaugh		
(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDR	ESS
		- ANNES ROPKIES HOSPITA:	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND OEATH
	ANTECEDENT CAUSES		
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
D.	(C)		
CERTIFICATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY7
X			YES NO
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg		exact location)
2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! INJURY WHILE AT NOT WHILE		
	m. WORK AT WORK	11 0 0 0 0	
	22. I hereby certify that I attended the deceased from I deceased alive on 122, 1920, and that death occur	45//	at I last saw the
	deceased alive on 7, 19 and that death of cr		BC. DATE SIGNED
	Lee M. Base M.D.	JOHNS RUPLINS MUSPITAL	
	A. BURIAL, CREMA- N, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or ed	ounty) (State)
	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AD	DRESS
	CAL REGISTRAR REGISTRAR'S SIGNATURE	8 2 6 A	DIVEGG
	VS 150		
			154.0



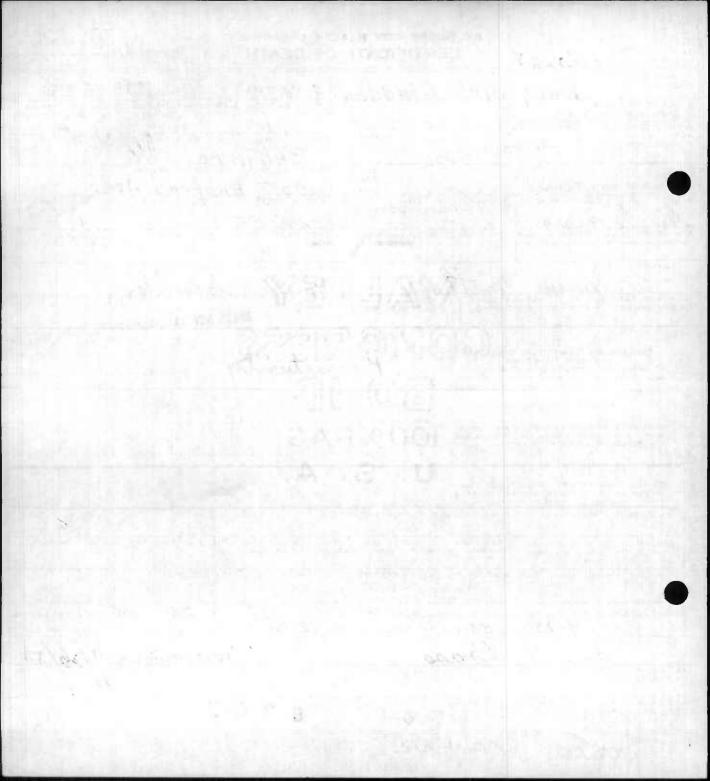
81	RTH NO.	Depoll		TIMORE CITY H		-	5 egistered No.	0 8	266
3.	ype or Print) PLACE OF D	EATH: Day	ly l	Jizh 14		2. DAT OF DEAT	TH Sept		
B. HO	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospite		ion, give street address or location)	c. CITY OR TOWN	ra.	rporate limits,		admission) A and give township)
c	ngth of s	tay in Baltimore	ma studist	Yrs. Mos. Days	D. STREET ADDR	ESS (If rural, give	location)	S	-
7 10	A. USUAL OC	6. COLOR OR RACE CUPATION (Give kind of fworking life, even if retired)	WIDOW		9-19- 11. BIRTHPLACE (50 last b	oirthday) Month	Days H	Under 24 Hours Lours Min.
	FATHER'S N	D EVER IN U. SARMED	FORCES	Bul 16. SOCIAL	14. MOTHER'S MA	rette	adp	in	0
(Yes	, oo or unkoowo)	(If yes, give war or dates	of service)	SECURITY NO.	17/INFORMANT	onns royalas	HUSPITALADD	RESS	
ERTIFICATION	(This does heart failure in jury or DISEASES RISE TO THE	E OR CONDITION IN LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which complication is considered.	'H f dying, e.g ns the discas- aused death ES ANY, GIVIN STATING TH	G DUE TO	of DEATH		•		L BETWEEN
CERT	TRIBUTING	IGNIFICANT CONDITO THE DEATH, BUT I	NOT RELATE	D					
DICAL				FINDINGS OF OPER	RATION			20. AU	NO
MEDIC	21A. ACCID LYING OF CAUSE OF I	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			more City, give	exact loc	ation)
	21D. TIME (Month) (Day) (Year)		VHILE AT NOT WHILE WORK	ED 21F. HOW DID	NJURY OCCUR	7		
	22. I hereby deceased al 23A. SIGNAT	ive on 7 - 2 -	ended the 1950.	deceased from 9 and that death occur	rred at f m.	oto 9 - 2 = from the cause	s and on the	date stat	
TIC	A. BURIAL. C N. REMOVAL (S.	REMA- pecify)	2	HOSE DIE	RY OR CREMATORY	24D. LOCATION		county)	(State)
	TE RECEIVED CAL REGISTI		SIGNATU	AELS, Q. D. C.	25. FUNERAL DIR	6 G	Al	DDRESS	
	VS 150	6		- Principal			P	/	F9 0



O Hospital Disposal							
50 8267 BALTIMORE CITY HEALTH DEPARTMENT 50 8267							
BIRTH NO. 50 - 20 441 CERTIFICATE OF DEATH Registered No.							
1. NAME OF DECEASED	LO DATE						
(Type or Print) Joseph Galecki	A-80/03 2. DATE OF SEP 2.4 1950						
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location							
INSTITUTION WALLS HUPKINS HUSPITAL	c. CITY OR TOWN. (If outside corporate limits, write RVRAL and give						
Yrs.	D. STREET ADDRESS (If rural, give location)						
ngth of stay in Baltimore Mos. Day:	1110000						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) Under 1 Year If Under 24 Hours						
Male 1 Specific WIDOWED, DIVORCED (Specif	y) 9-18-50 last birthday) Months Days Hours Min.						
10A. USUAL OCCUPATION (Givekind of Mork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
work done during most of working life, even if retired)	MA. WHAT COUNTRY?						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Henry Galecki							
15. WAS DECEASED OVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war nr dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
	JOHNS ROPKINS HOSPITEI.						
100	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	D. + +						
meart failure, asthema, etc. It means the discase,	rematurity						
injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING							
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE	RATION 20. AUTÓPSY?						
ν ν	YES NO D						
21A. ACCIDENT WAS UNDER. LYING□ OR CONTRIBUTING□ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g. about home, farm, factory, street, office bidg							
Z D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR.	RED 21F, HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from 9-							
deceased alive on 9-24-, 1950 and that death occur	urred at 410 Am., from the causes and on the date stated above.						
23A. SIGNATURE	236. ADDRESS JORAS RUPKIAS HUSPITAL 23c. DATE SIGNED						
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET							
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	ERY OR CREMATORY 24B. LOCATION (City, town, or county) (State)						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL PIRECTOR ADDRESS						
SEP 28 1950 turbuator Villiams ME	0 4						
VS 150							
The state of the s	1.59.0						



1. B		EALTH DEPARTMENT FOR DEATH Registered No.	0 8268
(T	NAME OF DECEASED Baby girl Gladde	N. A 80718 2. DATE OF DEATH SEP	25 1950
Α,	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission)
B. He	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR location		
IN	SPITAL OR STITUTION JOHNS HOPKINS HOSPITAL	c. CITY OR TOWN . (If outside corporate Amits,	township)
	Yrs.	D. STREET ADDRESS (If rural, give location)	
d	ngth of stay in Baltimore Mos.	1057 Hanfond AVE	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH S. AGE (In years If Uni	et Year If Under 24 Hours
_4	emala negro -	9-24-50	Days Hours Min.
Lord	A. USUAL OCCUPATION (Give kind of done during most of working lid, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	Md.	
	1. 2. Ol. no. It	14. MOTHER'S MAIDEN NAME	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT Stadden	
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SECURITY NO.	HANDS ROPKIAS MUSPITE	RESS
	18. 4776 X CAUSE		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	or bearing	ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	rematurity	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		***************************************
V.	ANTECEDENT CAUSES	THE REPORT OF THE PARTY OF THE	
Z	DISEASES OF CONDITIONS OF ANY ANY ANY		* *************************************
F	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
CA	(C)		
ERTIFICATION			
2	OTHER SIGNIFICANT CONDITIONS CON-		
ū	TO THE DISEASE OR CONDITION CAUSING IT	0.770.	
AL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION	YES NO
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, factory, atreet, office bldg.	is or 21C. WHERE DID (If in Baltimore City, give ,etc.) INJURY OCCUR?	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE MORK AT WORK		
	22. I hereby certify that I attended the deceased from 9-		hat I last sam the
	deceased alive on 9-25-, 1950, and that death occur	erred at 1230 Am., from the causes and on the	
			23C. DATE STONED
2	QUE /Y Jaso M.D.	MAIS ROPLIES HOSPIC	
TIC	A. BURIAL, CREMA- N, REMOVAL (Specify)	ERY OR CREMATORY 24D, LOCATION (City, low's)	o(nty) (State)
D/ LC	SEP 28 1950 REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR TO	DDRESS
	VS 130 0 0 0 0 0000 18		
	Askrer a raborar		159.0

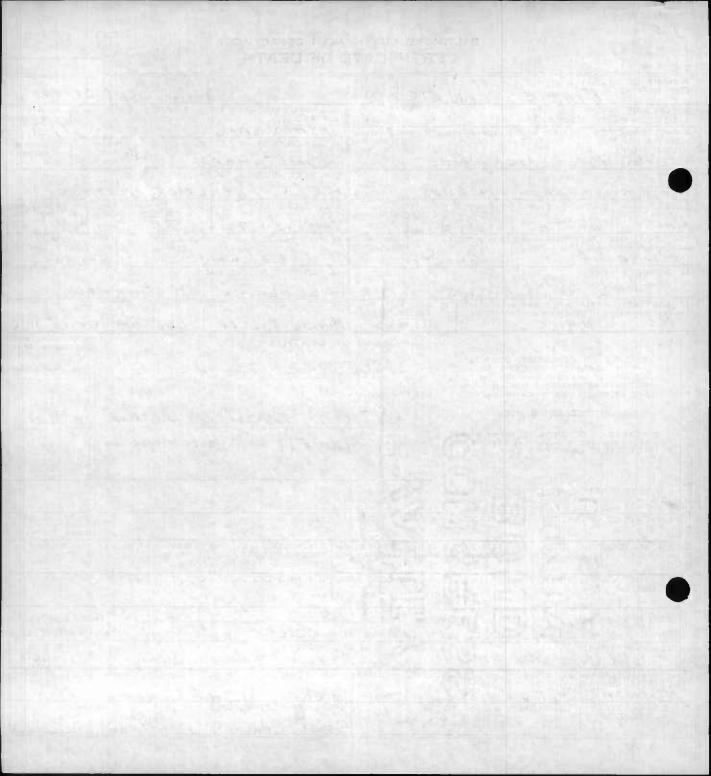


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8269

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) PARIE HINRICH S	2. DATE OF DEATH SEPT. 26, 1950					
S. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived: If institution; residence a. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	c. CITY OR TOWN (If outside corporate white, write RURAL and give					
2665 FREDERICK AUE.	BALTIMORE township)					
Yrs. Mos	o. STREET ADDRESS (If rural, give location)					
Length of stay in Baltimore 46 VRS. Days	2665 FREDERICK HUENUE					
WIDOWED DIVORCED (Specif						
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	MARCh 12, 1872 TS 11. BIRTHRLACE (State or foreign country) 12. CITIZEN OF					
work done during most of working life, even if retired) HOUSEWIFE TOMESTIC	GERMANY GERMANY					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
KARL CELRICHS	WilhelmiNA WESTERMAN					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no pr unknown) (If yes, give war or detes of service) SECURITY NO.	17. INFORMANT ADDRESS					
THE TOOKE	MINNIE MILLER 2665 HREGERICK AUE					
18. 420, 1 CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH					
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	mary occurrent Judden					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING	Made H Velompenstin					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Much it Delumpenalin					
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE						
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.						
HOMICIDE (Specify) about home, farm, fectory, atreet, office bldg	n,etc.) INJURY OCCUR?					
PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?					
m. WHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from 1, 194, to 126, to 195, that I last s						
deceased alive on 190, and that death occur	urred at 2.50 Pm., from the causes and on the date stated above.					
Elist Washurn	3432 medica ane 1912/180					
24A. BURIAL, CREMAI 24B. DATE 24C, NAME OF CEMET TION REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS					
CFP 281950 The true of the Control o	0 001 1 100					
266 701220 I	GEO. L. Jehwab 2101 PREDERICK HUG					



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

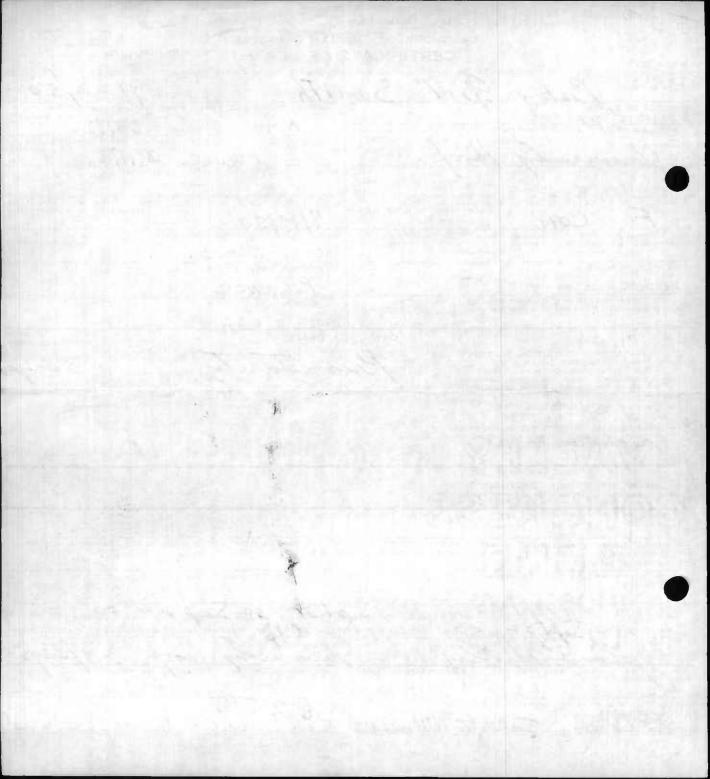
Registered No. 8270

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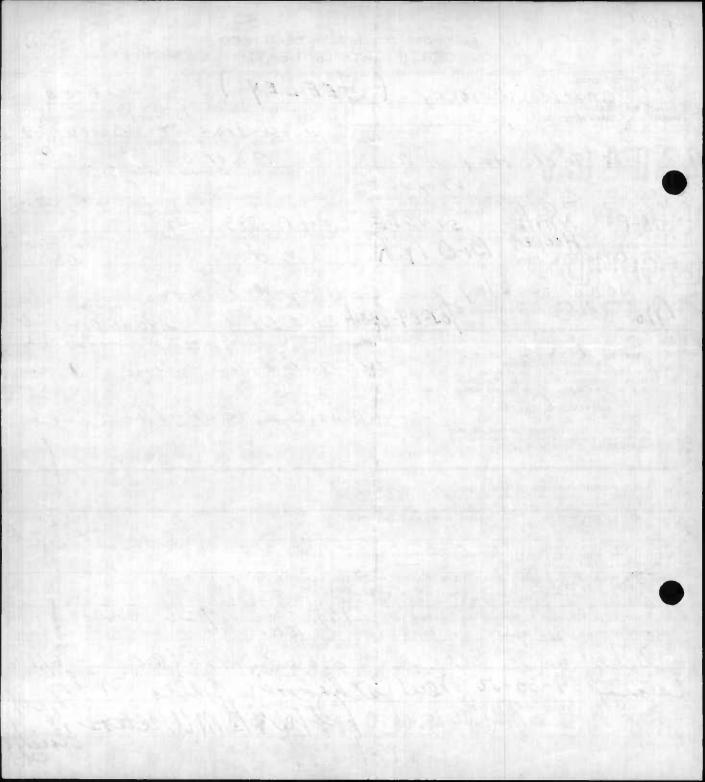
B	IRTH NO.							
1. NAME OF DECEASED (Type or Print) BERNETT WILLIAM ELLIOTT				LLIOTT		2. DATE OF DEATH SO	ot. 26, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. B. COUNTY before admission			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital location)				al location)	C. CITY OR TOWN (If outside corporate limits, write BURAL and give			
Wyman Pk. Drive & 31st St.			Baltimore D. STREET ADDRESS (If rural, give location)					
ength of stay in Baltimore $\angle i \vdash \epsilon$ Mos. Days				FE Mos. Days	3222 Massachusetts Ave.			
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) M Married				(ED, DIVORCED (Specify)	5/26/11	9. AGE (In years last birthday)	If Under 24 Hours Tonths: Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even lfretired) Wireman Westing house				INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF USA USA			
13. FATHER'S NAME Bernett Elliott					14. MOTHER'S MAIDEN NAME Irma Bater			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.					17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.			
	18. / 9. T X CAUSE OF			OF DEATH	F DEATH INTERVAL BETWE			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)				Unknown			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
z	ANTECEDENT CAUSES Craniowharungion					a		
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (6) Craniophary Due to primary in 3 d ventricle			le	(over)			
	OTHER SIGNIFICANT CONDITIONS CON-							
AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?			
MEDICAL	21A. ACCIDI HOMICIDE	ENT. SUICIDE, (Specify)	218. PL/	ACE OF INJURY (e. g., in farm, factory, street, office hldg., e	or 21c. WHERE DID (If in Baltimore City, give exact location)			
M	FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
	m. WORK AT WORK 122. I hereby certify that I attended the deceased from Mar. 24 , 1950, to Sept. 26 , 1950, that I last s					0, that I last saw th		
	deceased alive on Sept. 2619 50; and that death occurred at 11258 PM, from the causes and on the date 23A. SIGNATURE Solve 23B. ADDRESS 23B.					23c. DATE SIGNED		
			ical Di	rector M.D.	US Marine Hospita	1, Balto, Md.	9/27/50	
Z TI	AA. BURIAL, ON, REMOVAL (S	Specify		24c. NAME OF CEMETE		OCATION (City, tow	n, or county) (State)	
6	OUR AL	D BY REGISTRAR	1,1950.	13ALTIMORE	25. FUNERAL DIBECTOR	ALTIMORE,	ADDRESS	
L	SEP TEST		+ Willia	File October 1	Hes of Schwal	2101 Ane	duick leve.	
	VS 150	, 0		690	314		55E	

Was The a maly must honor of the brain! If so, was their the primary site? If sunday, please specify primary site, if know Lee Document File 11-27-50

CERTIFICATE CORRECTED	10-17-50-50-50-50-50-50-50-50-50-50-50-50-50-
BALTIMORE CITY HE	EALTH DEPARTMENT \ 50 8271
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Sha girl Sm	nith 2. DATE OF 9/2 2/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Md Calvert DATTO.
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
yrs.	D. STREET ADDRESS (If rural, give location)
Mos.	D. STREET ADDRESS (IT total, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (in years If Under I Year If Under 24 Hours
F. Co/, WIDOWED, DIVORCED (Specify)	9/19/50 last birthday) Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even [fretired] IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
THE DOSTAL	Owings, Calvert Co., Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herbert Wallace	Flurence Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Florence Smith, Owings, Md.
1101	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ensatusita 3 dessa
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
U 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., i LYING ☐ OR CONTRIBUTING ☐ about home, farm, factory, street, office bldg	in or 21C. WHERE DID (If in Baltimore City, give exact location)
	etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that attended the deceased from	p 7 30 , 1950 to 2 2 7, 19 5, That I last saw the
	rred at 10:12m., from the causes and on the date stated above.
49100.	AB ADDRESS 23c. DATE SIGNED
24A. BURIAL CREMA- 24B. DATE TION REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 9-23-504 mt Hope	Calvest Co. and
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAD DIRECTOR ADDRESS
SEP 23 1950 tutiet Williams	1.2. Sewell France Frederick
VS 150	· we
SEP 281950	159.0



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В	8272 erth No.	BALTIMORE CITY HE CERTIFICATE		50 Registered No.—	8272
	NAME OF DECEASED ype or Print) Charles C.F	eetler (7	FEELEY)	2. DATE OF DEATH 9-26	-50
	PLACE OF DEATH: Baltimore City, Maryland	es	4. USUAL RESIDENCE (Wh		tion : residence before admission)
	FULL NAME OF (If not in hospital or OSPITAL OR	r institution, give street address or location)	C. CITY OR TOWN (If or	SY - Bass utside corporate limits, writ	10-29
IN	St. Agnes H	US D. A.R.	Balt	O	township)
0	ength of stay in Baltimore	67 years Mos.	o. STREET ADDRESS (If ru	ral, give location)	
5.		SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH MAY 13, 1883	9. AGE (In years H Under last birthday) Months	
	A. USUAL OCCUPATION Give him of 10 a done during most of working its from if the med	B. UND OF BUSINESS OR NEUSTRY	11. BIRTHPLACE (State or fore		ITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	101-01-01	14. MOTHER'S MAIDEN NAM	AF.	U.S.A.
	John Feet	lev	marguet mo	nam.	
15 (Yes	(If yes, give war or dates of se	ervice) 6. SOCIAL POPULATION OF THE PROPERTY O	17. INFORMANT	ADDRE	ss sulfill
	18. 33/X	CAUSE	OF DEATH	IN O	TERVAL BETWEEN
	DISEASE OR CONDITION DIR	ブッノド	Ceretist Nems	200/20	71
	(This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause	he disease,		- July	D M.
	ANTECEDENT CAUSES		_	W. It	2
TION	DISEASES OR CONDITIONS, IF AN		vozellisais -	Malensi	3 years
AT	RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	(C)			
ERTIFICA	II.				
ERT	OTHER SIGNIFICANT CONDITIO TRIBUTING TO THE DEATH, BUT NOT	RELATED			
U	19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
CAL					YES NO A
MEDICAL		21B. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give ex	(act location)
	21D. TIME (Month) (Day) (Year) (Ho	the state of the s	D 21F. HOW DID INJURY	OCCUR?	
		m. WHILE AT NOT WHILE	19.00	1/2 / 1/1	
	22. I hereby certify that I attend deceased alive on 9/10/50		red at 10 Pm from the	causes and on the da	t I last saw the
	23A. SIGNATURE		BB. ADDRESS		DATE SIGNED
24	BURIAL, CREMA- 24B. DATE	248 NAME OF SEVETER	3326 MANUEL 240. LON	CATION (City, town, or con	126/.50 inty / (State)
T/	REMOVAL (Specify) 9-30-	To shew lat	hedra ()	alto m	0 11
L	ATE RECEIVED BY REGISTRAR'S SI	The same of the same	25. HUNERAL DIRECTOR	1.11 alter	RES PULL
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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here deceased lived, If B. COUNTY	instituti k	on : resi pefore ad	dence lmission)
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9. AGE (in years last birthday) Mo			der 24 Hours rs Min.
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I. NAME OF DECEASED (Type or Print) LENO AYNE 3. PLACE OF DEATH: 4. USUAL RESIDENCE (W A. Baltimore City, Maryland A STATE B. FULL NAME OF (If not in hospital or institution, give street address or MIARYLIAND location) C. CITY OR TOWN INSTITUTION HUMAS RUPKINS BUSHILL DALTIMORE Yrs. D. STREET ADDRESS (If) Mos. 204 N. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH COLORED MARRIED IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fo work done during most of working life, even if retired) INDUSTRY HUUSEWIFE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES 16. SOCIAL (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL ho mustion 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or 2 Jc. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! 1950 to , 1950, that I last saw the 22. I hereby certify that I attended the deceased from -26, 1950 and that death occurred at 2.50 deceased alive on m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED MJ26 1950 BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) MON REMOVAL (Specify RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS

BALTIMORE CITY HEA LTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital/or institution, give street address or HOSPITAL OR location) (If outside corporate limits write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give logation) Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) 104. USUAL OCCUPATION (Givakind of work done during most of working life, avan if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, giva war or dates of service) 16. SOCIAL (Yes, po or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) . heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING JT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION . 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE (Specify) about home, farm, factory, streat, office bldg., etc.) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) F INJURY NOT WHILE WHILE AT WORK AT WORK 19 that I last saw the 22. I hereby certify that I attended the deceased from. deccased alive only 190, and that death occurred at m. from the causes and on the date stated above. 23A. SHONATURE 238. ADDRESS 239. DATE SIGNED 2/VA M. D 24A. BURIAL, CREMA-248. DATE 24d NAME OF CEMETERX)OR TION REMOVAL (Specify) max 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR S. SIGNATURE LOCAL REGISTRAR VS 150

Was the K H to tite. accompanied, action Munater fere at the time of health? unsten at time of death" per Dominist File 50 - 8274 10-9-50

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8275 Registered No.

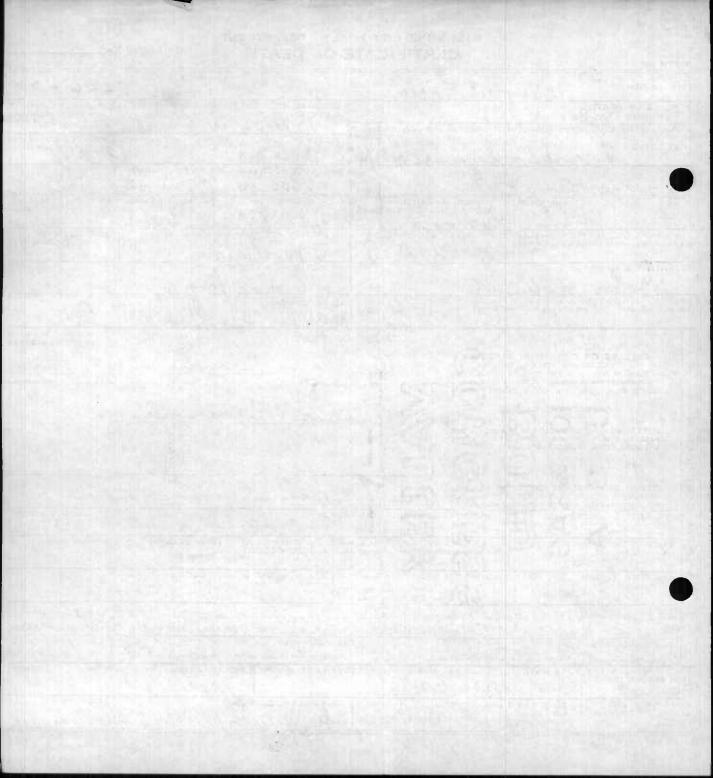
	RTH NO.					
(T	NAME OF DECEASED TAMES	Humes K	omo		DEATH	1450
A,	PLACE OF DEATH: Baltimore City, Maryland		A	STATE	Where deceased lived, If insti B. COUNTY	tution : residence before admission)
HC	SPITAL OR 122 1.	tal or institution, give street ad		CITY OR TOWN (If	outside corporate limits &	ite RURAL and give
IN	M OCC NOITUTION	street		BALTIMO	RE 19	township)
		7)	Yrs. D	100	rural, give location)	Sto. +
5.	Length of stay in Baltimore SEX 6.COLOR OR RACE	7. SINGLE, MARRIED,	Days	DATE OF BIRTH	9. AGE (In years) If Under	1 Yant If Under 24 Hours
1	TALE White	MARCIFO		1AY 16, 1878	last birthday) Months	Days Hours Min.
	A. USUAL OCCUPATION (Give kind of	1 108. KIND OF BUSINESS	OR 11	. BIRTHPLACE (State or fo	oreign country) 12.	CITIZEN OF
WOL	done during most of working life, even if retired)	REAL ESTA	USTRY	MARYL	MND	WHAT COUNTRY?
13	FATHER'S NAME	noser	1.4	MOTHER'S MAIDEN N		
15	CMM ICIOS			ELiza bet	4 2114	
(Yes	. WAS DECEASED EVER IN U. S. ARME , no nr unknown) (If yes, give war or date	D FORCES? 60 of service) 16. SOCIAL SECURITY	Y NO.	MRS Bessie	ROMUSER	SAME
	18. 420,1		USE OF			INTERVAL BETWEEN
	DISEASE OR CONDITION	DIDECTIV	h was	DEATH YOUAR	Oitis	ONSET AND DEATH
	LEADING TO DEA (This does not mean the mode			YOCHRDIAL		
	heart failure, asthenia, etc. It me injury or complication which	ans the disease,	VV		.w	
z	ANTECEDENT CAU	SES	ORON	nay ARTIN	Plusclerosis	8YRS
임	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A)	IF ANY, GIVING				
A	UNDERLYING CONDITION L	AST.		1. / 1 4		
F		(0)	ener	Alized Art	ENIOS C/EROSIS	
RT	OTHER SIGNIFICANT COND	DITIONS CON-				
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION			•••••••••••••••••••••••••••••••		······································
	19A. DATE OF OPERATION	198, MAJOR FINDINGS OF	OPERAT	ION		20. AUTOPSY?
CA	ACCIDENT CHICIDE	L ata BLACE OF INJURY	((!	21c. WHERE DID (1	f in Baltimore City, give	YES NO
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY about home, ferm, factory, street, of	(e, g., in or flice bldg., etc.)	INJURY OCCUR?	I in Baltimore City, give	exact location;
Σ	21D. TIME (Month) (Day) (Year	(Hour) 21E. INJURY O	CCURRED	21F. HOW DID INJURY	OCCUR?	
	FINJURY		OT WHILE			
	22. I hereby certify that I at	tended the deceased from	n Augu	st 29 , 1950, to 5	ept 27, 1950, ti	nat I last saw the
	deceased alive on Scot 23	_, 1950, and that deat				
	23A. SIGNATURE	Brelew	12	030 W. Fa	rette St 2	9 2 SA
24	A. BURIAL, CREMA- 24B. DATE		EMETERY	OR CREMATIORY 24D. E	OCATION (City, town, or c	ounty) (State)
TIE	REMOVAL (Specify)	(50 / Fr	-/4 2	(2 0 B	Tre- lie !	1.0
		S SIGNATURE	25	FUNERAL DIRECTOR	m AL	DRESS /
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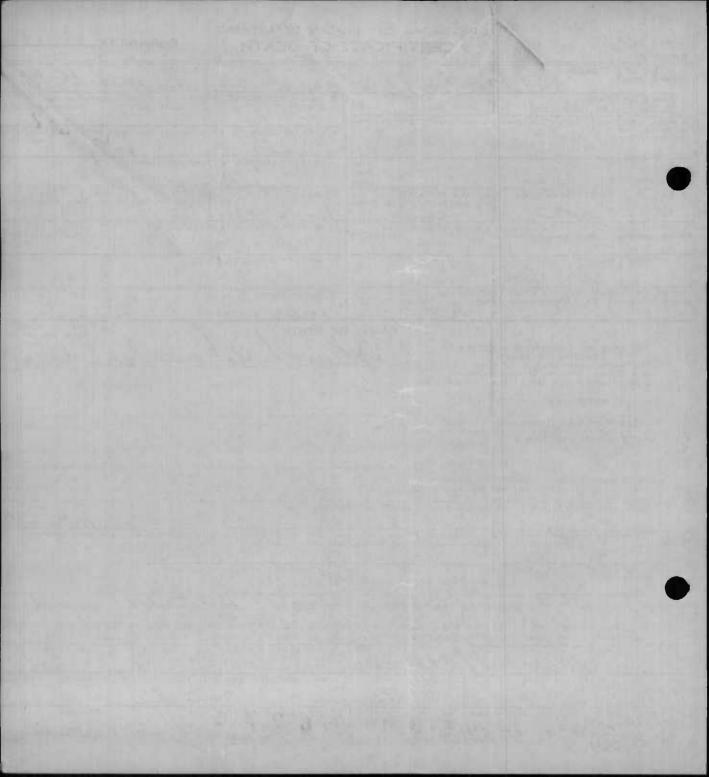
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BALTIMORE CITY HEALTH DEPARTMENT

	IRTH NO.	RTIFICATI	E OF DEATH	4 Register	ed No.
1.	NAME OF DECEASED			2. DATE	
(1	Type or Print) Margaret &	relda		OF DEATH	9-26-50
	PLACE OF DEATH:				ed, If institution; residence
-	Baltimore City, Maryland V FULL NAME OF (If not in hospital or institution, g	ive street address or	A. STATE	6 W Prott	hefore admission)
H	OSPITAL OR A	location)		(If outside corporate	limits, write RURAL and give
III	ASTITUTION Franklin Same	1. Hochel	Broke m	d	19-04 township)
	- Congress to the second	frs.	D. STREET ADDRES	SS (If rusel, give location	2
	Length of stay in Baltimore	Mos. Days	1606 7	v. Pratt s	t
_	. SEX 6. COLOR OR RACE 7. SINGLE, MA	RRIED.	8. DATE OF BIRTH	9. AGE (In year	rs If Under 1 Year It Under 24 Hours
	'+ NM.T.	DIVORCED (Specify)	6/8/188	5 last birthday	Months Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF	BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF
MOL	k done during most of working life, even if retired)	INDUSTRY	makel		WHAT COUNTRY?
13	3. FATHER'S NAME	N- W-	14. MOTHER'S MAI	DEN NAME	
	1 2 11 11 1		0	h.	
1.9	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL	_ umn	a layene	
(Ye	es, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	NI DA	ADDRESS
			Harry Can.	14 Chavy No	ole (one
	18. /75 X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	1	1 1	/	1/2/
	(This does not mean the mode of dying, e.g.,	(A) Cer	evul 1	Lemanta	ge 7 days
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO		0	
	ANTECEDENT CAUSES	0 -		7	
z	ANTEGEDEN! GAGSES	(B) a	Curio. J	elevore	7
은	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO			
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RT	OTHER SIGNIFICANT CONDITIONS CON-				
E	TRIBUTING TO THE DEATH, BUT NOT RELATED	Papielary!	Zyst adenocar	e. Tovary & m	etasteres
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AL	9/20/50 Fare 70	very i	mitail	lus	YES NO
S		OF INJURY (e. g., i			ity, give exact location)
ED	HOMICIDE (Specify) about bome, farm, fa	ctory, street, office bldg.,	etc.) INJURY OCCUR		
Σ		INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	F INJURY WHILE				
	m. Work			0 4 20	(-2)
	22. I hereby certify that I attended the dece	ased from	1/ 1950	- //	19 that I last saw the
	deceased alive on Lept. 26, 1950, and			from the eauses and	on the date stated above.
	RANGE CONTRE CONTRE CONTRE CONTRE	-	23B. ADDRESS	Ca Hennete	1 9/26/50.
2	1000	M. D.	RY OR CREMATORY	24D. LOCATION (City,	
J	ON, REMOVAL (Specify)	-60		Brets. M.	-0
5	PATE RECEIVED BY REGISTRAR'S SIGNATURE	Maur	25. FUNERAL DIRE	1	ADDRESS
L	OCAL REGISTRAR	DU PROMITE !	08.2/7/	Y-1 21/11/2	- l - n-
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	vs 150/35U	Take -	/		049a



17.B	8277 1 8277		E OF DEATH	Registered No	8277
1.	NAME OF DECEASED Type or Print)	Farah K.	Fint	2. DATE OF DEATH	127,1950
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (stitution : residence before admission)
B. H	FULL NAME OF (If not in hospi	ital or institution, give street address or location.		f outside corporate limits	write-R WAL and give township)
	ength of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (19 43/3 Frank	BI II.	
5	SEX 6.COLOR OR RACE	Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years) H Un	der 1 Yeer If Under 24 Hours hs: Days Hours: Min.
10	DA. USUAL OCCUPATION (Give kinds	married.	Jug 12, 1877 11. BIRTHPLACE (State or f	73	
	k done during most of working life, even if retired			oreign country)	2. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	5. WAS DECEASED EVER IN U. S. ARME (If yes, give war or dat		17. INFORMANT 4 heardone A. Lis	X 4313 Fra	RESS Aland hues
ERTIFICATION	DISEASE OR CONDITION LEADING TO DE. (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS. RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I	I DIRECTLY ATH of dying, e.g., eans the disease, caused death.) JSES (B) (B)	Ens scleoke (ardio Vorsen	W DISLAND
FICA	11	(C)			
ERTI	OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	T NOT RELATED			
U		198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		If in Baltimore City, giv	e exact location)
ME	21D. TIME (Month) (Day) (Year OF INJURY	r) (Hour) 21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
Z. Tie	the evidence obtained by	y said Autopsy, Inspection or resulted from natural cause	Autopsy, Inquiry, find that said d s X, accident □, suicide 23B. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGAT ERY OR CREMATORY 24D. L	Méspection or Inquiry eceased died on the ☐, homicide ☐, unc	DATE SIGNED
		R'S SIGNATURE	25. FUNERAL DIRECTOR		Restaubtur.
VS	151			1	193d



1	BALTIMORE CITY HE	EALTH DEPARTMENT 50 8278				
В	8278 CERTIFICATI	the state of the s				
	NAME OF DECEASED (Sype or Print) MARY MEEKS	2. DATE OF 26 Sept 50				
A	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If instruction; residence as STATE B. COUNTY before admission				
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Good Samarilan Hop. location)	c. CITY OR TOWN (If outside cor) and limit, white RURAL and gi				
7	V27 N. Carry St Yrs.	D. STREET ADDRESS (If rural, give location)				
0	Length of stay in Baltimore Mos. Days	5504 FAIR OAKS AVE.				
5	Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Yest last birthday) Months: Days Hours Mi				
10 wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUSTRY	11. B(RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR				
1:	AT NOME	14. MOTHER'S MAIDEN NAME				
	?	3				
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	MISS Darothy Robins - SSOH FAIR TA				
. CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
X.		YES NO				
MEDICA	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office hidg., e					
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK					
2	22. I hereby certify that I attended the deceased from 3 deceased alive on 25 syst, 19 50, and that death occur	- (M)				
LD	ATE REGISTRATE SIGNATURE MANAGEMENT OF THE STREET OF THE S	Leonard J. Ruck 5305 Nayford				

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CHARLEST AND DESCRIPTION

#6	32
10	8279
BIR	TH NO.

BALTIMORE CITY HEALTH DEPARTMENT

50 Registered No.—	8279
SEPT	27,1950
eased lived. If instit COUNTY	ution : residence before admission

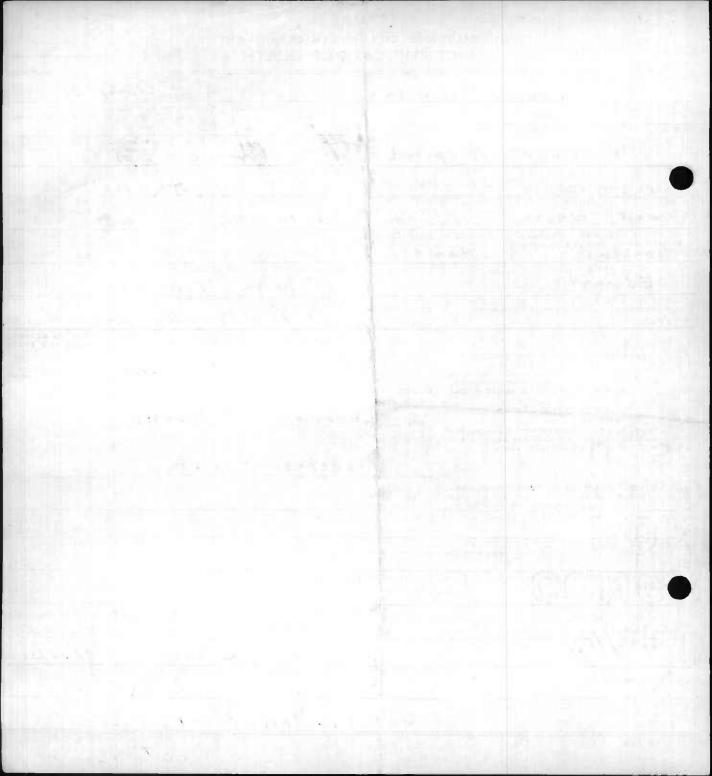
В	IRTH NO.	7	CERT	IFICATE	E OF DEATH	Registered	No.
1.	NAME OF D	DECEASED WAL	tER KRATZ			2. DATE OF CI	PL 07 1950
	PLACE OF D		HAL G		4. USUAL RESIDENC	DEATH OC E (Where deceased lived.	
B. He	FULL NAME		ital or institution, give str	reet address or location)	MARYLAND c. CITY OR TOWN	B. COUNTY	before admission
11/	STITUTION	MATTER H	DPKINS HUSPITEL		BALTIMORE		Swrite RURAL and give
	noth of s	stay in Baltimore	£L	Yrs. Mos.	D. STREET ADDRESS		
5.	SEX	6.COLOR OR RACE			8. DATE OF BIRTH	9. AGE (In years)	
10	MHLE	CUPATION (Give kind)	MARRIED 1 108. KIND OF BUSI	NĘSS OR	11-19-94 11. BIRTHPLACE (State	55	1 12. CITIZEN OF
A	alesm		Horse doal	NDUSTRY	Baltimo		WHAT COUNTRY
	Same	ed M -	1 rate		14. MOTHER'S MAIDE	N NAME - LIVES	m e
15 (Ye	, was DECEAS , no or unkoowo)	ED EVER IN U. S. ARM (If yes, give war or da		AL JRITY NO.	17. INFORMANT	10 MANYING WOOD	ADDRESS
	18. // 2			CALICE	OF DEATH	is morkins hospita	INTERVAL BETWEEN
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TION	injury or	are, asthenia, etc. It me complication which ANTECEDENT CAUS OR CONDITIONS,	caused death.) DUE 1 SES (B) IF ANY, GIVING		CINOMATOS MARY BROM		
CATI	UNDERLY	THE ABOVE CAUSE (A YING CONDITION L	AST.				
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AL	MAY,	OF OPERATION O	19в. MAJOR FINDING	S OF OPERA	CARLINO	LIZOTAN	20. AUTOPSY?
EDIC	21A. ACCID LYING OF	ENT WAS UNDER- R CONTRIBUTING	21B. PLACE OF IN. about home, farm, factory, st	JURY (e. g., in treet, office bldg., et	or 21c. WHERE DID	(If in Baltimore City	, give exact location)
Σ		(Month) (Day) (Yea:	r) (Hour) 21E. INJUE	RY OCCURRE	D 21F. HOW DID INJ	URY OCCUR?	EG PENT
h	22 I hanah		m. work	AT WORK L	1-26 1050	9-27 10	50
	deceased at	live on 9-2	tended the deceased 7, 1950, and that	jrom death occurr	red at 5 2 am., fro	m the causes and on	the date stated above
	23 (. S) GNA	nes R. (autrel/	M. D.	BB. ADDRESS	HUPKINS HUSPILL	230 PATE SIGNED
III	DN, REMOVAL (S	CREMA- 24B. DATE Specify) 9 30	24C. NAME		RY OR CREMATORY 24	D. LOCATION (City, tow	n, or county)
	TE RECEIVE CAL REGIST FD 2819	D BY RECISTRATE	SESSIFICATION NOTICE	uac	25. FUNERAL DIRECT	or o swan Islan	ABBEAS/ Sing
3	VS 150		20.	167		04	7 c St.

MUSEUM LANGER STEELE CHARLE WASHE ATTEMPTED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

8230 Registered No.

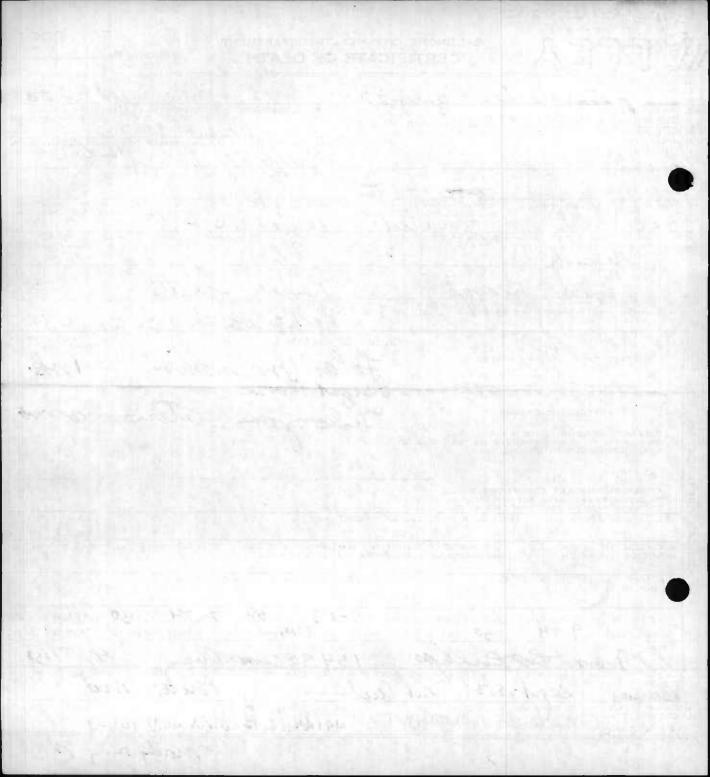
_					_						
	NAME OF D ype or Print)	Thel ma		om ley				2. DATE OF DEATH	9/26/	50	
	PLACE OF D Baltimore (EATH: City, Maryland			A.	USUAL RESIDEN	CE (Wh				residence re admission)
H	FULL NAME		tal or institut	ion, give street address of	1	Maryla	n d		4 11 mts	4	
11	G G	Provident	H0	spital	C.	Balt.		utside corpora	15. W	الله الله	RAL and give township)
(length of s	tay in Baltimore	20	Yrs. Mos. Days		STREET ADDRESS	s (If ru	iral, give locat	tion)	Ha	54.
5	sex emale	6. COLOR OR RACE	WIDOW	MARRIED. VED, DIVORCED (Specify	8.	DATE OF BIRTH	207	9. AGE (In y	ears I Under	1 Year	N Under 24 Hours Hours Min.
1 C	A. USUAL OC done during most r	CUPATION (Give kind of working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY		BIRTHPLACE (Sta		eign country)	12.		COUNTRY?
13	FATHER'S				14	MOTHER'S MAID				us	> 11
	Edu	vard				Julia		Tho	Mas		
15 (Ye	. WAS DECEASE , nn nr unknown)	D EVER IN U. S. ARME (If yes, give war nr date	D FORCES?	16. SOCIAL SECURITY NO.	17	. INFORMANT		,	ADDR		
	No					Melvin	To	we ley	145	· w.	Henrich
	18. 26	OX		CAUSE	OF	DEATH					AL BETWEEN AND DEATH
	DISEAS	SE OR CONDITION		0			-				
	(This does	not mean the mode re, asthenia, etc. It me	of dying, e. s	g., (A)	07	onary	O	e / 1251	0 24		,
		complication which									
		ANTECEDENT CAUSES (B) Coronery Selerosis									
NO	DISEASE	S OR CONDITIONS,	IF ANY, GIVIN	1G	7	mary	261	10 2051	.5	***************************************	******************
F	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO							
-ICA				Di	- 4	etes 1	1011	1, tue			
E	071150 6	11			7.0					*********	
ER	TRIBUTING	IGNIFICANT COND	NOT RELATE	-D							
Ü		F OPERATION		FINDINGS OF OPE	RATI	ON				20. A	UTOPSY?
Y		0								YES	No 🔀
EDICA	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		CE OF INJURY (e. g., arm,factory,street,office bldg.,		21c. WHERE DID INJURY OCCUR?		in Baltimore	City, give	exact 1	ocation)
Σ		Month) (Day) (Year	(Hour)	21E. INJURY OCCURE	RED	21F. HOW DID II	NJURY	OCCUR?			
	F INJURY			WHILE AT NOT WHILE							
	22 I hough	a contifu that Y at	m.	•		19 , 1950	40 9	2 - 26	10.50 46	n+ 1 1	and annu the
		y certify that I at live on 9 - 26		and that death occu							
	23A. SIGNA		1		23в.	ADDRESS		. /			TE SIGNED
		· N. /1	non	ey M.D.		rovident		tosp			7/50
710	AA. BURIAL. ON, REMOVAL (S	pecify	29.58	24C. NAME OF CEMETE	ERY	Les 2	SAT.	eth a	arolu	ounty)	(State)
D.	ATE RECEIVE	D BY REGISTRAR	S SIGNATU		25	FUNERAL DIREC	- F		,	DRESS	3
	SEP 281	950 Luttua	on / / the	autic, Miss (1	1	JATAH.L	BRO	WN.501	N 108	W	
	VS 150	. 6		40		/					
						061	0	mari	g one	rej	8-1-
								and decision to the same of		60	100



5	14
1	1/
0	8281

BALTIMORE CITY HEALTH DEPARTMENT

	717					FD 0000
0	8281	ВА	CERTIFICAT	EALTH DEPARTMENT	T Registered	50 8281 No.
BI	IRTH NO.		CLIVIII ICAI	E OF BEATTI		
	NAME OF DEGEAS	orare Lee	Campbel	'l	2. DATE OF DEATH	ent 24.50
	PLACE OF DEATH: Baltimore City, I	Maryland 1726	Brunk St	4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	institution: residence hefore admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hospital or institu	tion, give street address or location)		(If outside eorporate lin	nits, write RURAL and give
1	0	C A	Yrs.	D. STREET ADDRESS (lf rural, give location)	7
	Length of stay in		Days Days			
5.0	male		WED, DIVORCED (Specify)	PASSILIA 190		Months: Days Hours Min.
10 vorl	A. USUAL OCCUPATE done during most of working	FION (Give kind of 10B. KIN glife, even if retired)	D OF BUSINESS OR INDUSTRY	11. BYRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
	Hon	world.		86		
13	FATHER S NAME	1 R.		14. MOTHER'S MAIDEN	NAME -	1/
	wa	sh Isngo	28	Desel ,	Smith	V
(Ye	s, no or unknown) (If y	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	-h 1221	ADDRESS / PA
	0 1 1			1 1 mus wa	WC 1126	INTERVAL BETWEEN
	18. 214X	1	CAUSE	OF DEATH		ONSET AND DEATH
		CONDITION DIRECTLY	L	Las Ones	Markon.	link.
	(This does not m	nean the mode of dying, e. nenia, etc. It means the disea	g., (A)	van green	WUNU P	IVNS.
		ication which caused deat		Jul 18one		0-11/15/2005
	ANTE	CEDENT CAUSES	9		1.Tin-	nome
Z	DISEASES OF	CONDITIONS, IF ANY, GIVE	(В)	grow sur	aua	
ATI	RISE TO THE AB	OVE CAUSE (A) STATING TO CONDITION LAST.		0		
			F	Amount		
F		11	(C)	r Late Man Land Add Add No S. A.		
ER	TRIBUTING TO T	ICANT CONDITIONS CO HE DEATH, BUT NOT RELAT OR CONDITION CAUSING	LFD			
,	19A. DATE OF OPE		R FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL		0				YES NO
EDIC	21A. ACCIDENT, S HOMICIDE (Spe		ACE OF INJURY (e. g., i ,farm,factory,street,office bldg.,		(If in Baltimore City	, give exact location)
Σ	ID. TIME (Month	(Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	INJURY	m.	WHILE AT NOT WHILE AT WORK			
	22. I hereby cert	ify that I attended the	-	8-17 , 1950 to	9-74 , 19:	50, that I last saw the
	deceased alive or	9.14 , 1950	and that death occur	rred at Fin, from		
Н	234 SIGNATURE	2000	0000 3	23B. ADDRESS	0.	23C PATE SIGNED
	1 Non	mounte	Cape M.D.	543 Rem.	we.	n, or county) (State)
TIC	4A. BURIAL, CREMA- ON REMOVAL (Specify)	24B. DATE Sout 2813	249 NAME OF CEMETE	ERY OR CREMATORY 24D.	LOCATION (City, tow	no county) (state)
D	ATE RECEIVED BY	REGISTRAR'S SIGNAT	URE URE	25. FUNERAL DIRECTOR	97	ADDRESS
	OCAL REGISTRAR	Thurtuston //	listur (1600)	1541 RH. L 13 R	NWN SON 11	584)
-	SEP 281950	3		171111111111111111111111111111111111111	1	541
	VS 150			108	morda !	and Is



	RTH NO.	ORE CITY HEALTH DEPARTM		50 8282			
1. (T	NAME OF DECEASED dward D	em bowczyk	2. DATE OF DEATH	27-50			
	PLACE OF DEATH: Baltimore City, Maryland	Ruttend 4. USUAL RESIDER	NCE (Where deceased lived, If i	institution : residence before admission)			
H	FULL NAME OF (If not in hospital or institution, giv	location) C. CITY OR TOWN	(If outside corporate limits	s, write REVAL and give			
11	STITUTION) (n'ai	Baltin	ume /	-04 township			
	Length of stay in Baltimore	Ho Mos. Days 1/23 A	Bunney	_			
5.	SEX 6. COLOR OR RACE 7. SINGLE, MAR		9. AGE (In years last birthday) Mon	Under 1 Year H Under 24 Hours nths Days Hours Min.			
1C worl	A. USUAL OCCUPATION (Give kind of 10B. KIND OF B down during most of working life, even if retired)	USINESS OR INDUSTRY 11. BIRTHPLACE (St		12. CITIZEN OF WHAT COUNTRY			
	FATHER'S NAME	al Co. Polan	DEN NAME				
n	ritchell Nembowery	te. maryan	na Korole	ski V			
15 (Ye	no or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO03-7418 Mrs. Rorre	tt D. 1123 N.	Pariney &			
	18. 4// X	CAUSE OF DEATH	Ca remover	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cardiac	Laclan	7-2 CHE			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES						
NO	DISEASES OR CONDITIONS, IF ANY, GIVING	(B) AMUMAYIC	m. arran				
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE CUNDERLYING CONDITION LAST.	Pheun te	cer vinerte				
TIFIC		(c) Vayorox	roser				
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED						
O	19A. DATE OF OPERATION 19B. MAJOR FIND	INGS OF OPERATION		20. AUTOPSY?			
CAL	21A. ACCIDENT. SUICIDE, 21B. PLACE OF	FINJURY (e.g., in or 21c, WHERE DI	D (lf in Baltimore City, g	YES NO L			
EDIC,		tory, street, office bldg., etc.) INJURY OCCUR					
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. IN FINJURY WHILE A		INJURY OCCUR?				
	m. work 22. I hereby certify that I attended the decea	AT WORK	10 9-27 198	that I last saw the			
	deceased alive on 4-21, 19 50 and the	hat death occurred at Pm.,	from the eauses and on th	ie date stated above			
	23A. SIGNATURE WITH Blace	M. D. 23B. ADDRESS	ai	23c. DATE SIGNED			
	REMOVAL (Specify)		24D. LOCATION (City, town,				
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	A5. FUNERAL DIRE	CTOR	ADDRESS			
5	EP 281950 Huntuator Military	John & d	adadne 282	1 Hudson			
	VC 1EO	//		, ,			

9704R

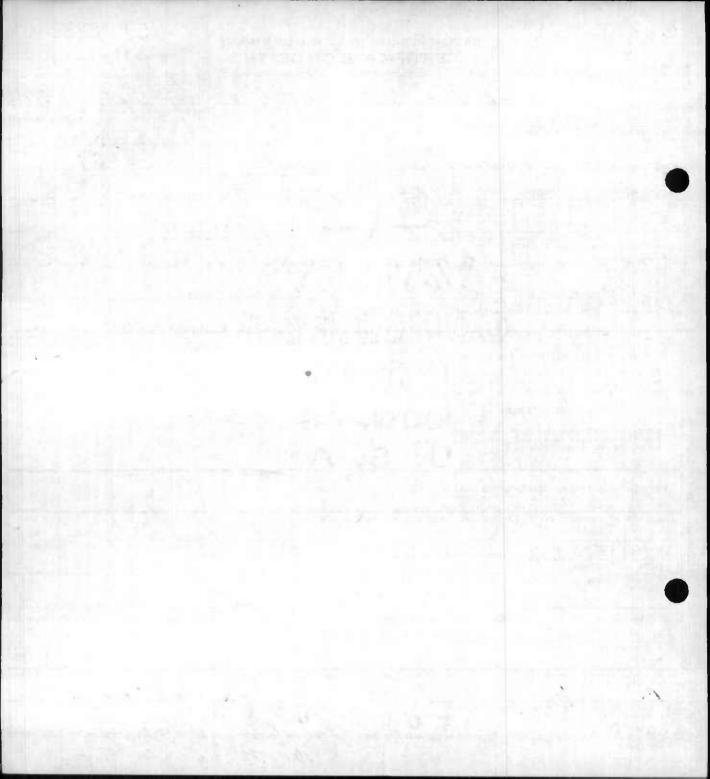
63B

Was the rhanter hort condition a econgenist by other shounder fores at the time of death? De Drument File 50 - 8282 10-9-50

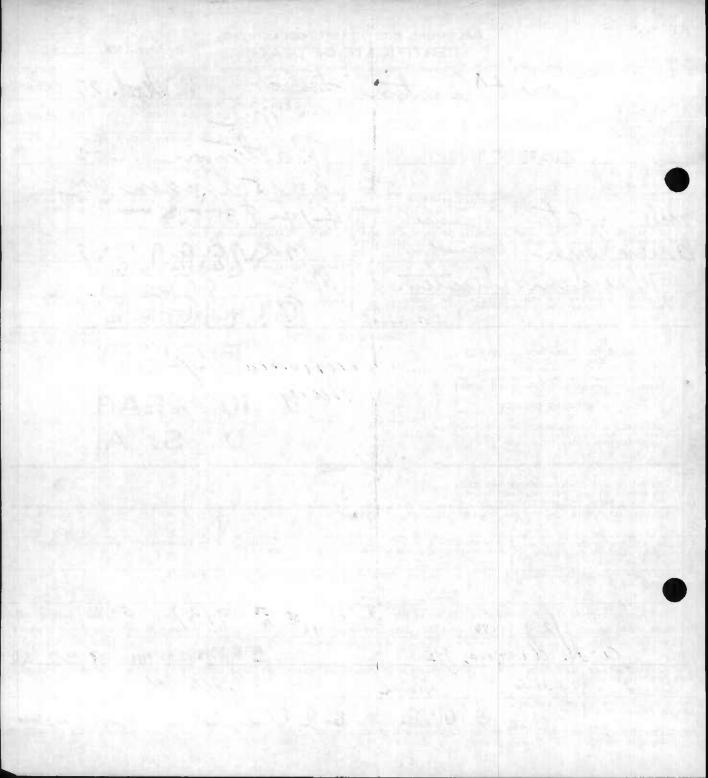
G-623 50 8283

BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.			CERTIFIC	CATE	OF DEAT	Н	Registere		
	NAME OF D	ECEASED	m	Elliz)	m.	Enote	m	2. DATE OF DEATH	Pest 2	7-19-1
	Baltimore (EATH: City, Maryland				4. USUAL RESID	ENCE (W	here deceased lives	. If institution	: residence ore admission)
B. Ho	FULL NAME DSPITAL OR ISTITUTION		tal or institu	tion, give street ad	dress or ocation)	a. CITY OR TOWN	N (lf c	outside corporate l	V	JRAL and give
4	1	1647. X.O.	mism	Gount		Anlto		·/	5-01	township)
ly.				7 12	Yrs. Mos.	D. STREET ADDR	ESS (If r	ural, give location)	
	SEX	tay in Baltimore	7 SINGL	E. MARRIED.	Days	B. DATE OF BIRTI	om	9. AGE (In years	nl	1 B H-4- 04 H-m-
	F	0	WIDOV	VED, DIVORCED	(Specify)	Oct - 1	1884	last birthday)	Months Days	Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of worklog life, even if retired)	10B. KINI	OF BUSINESS	OR	11. BIRTHPLACE	State or for	reign country)	12. CITIZ	EN OF
-10	Houses		at	home		Lacan	er 6	0. Wa.	26	8.
13	. FATHER'S	NAME	P	4		14. MOTHER'S MA	AIDEN NA	ME	Mary Th	
15	WAS DECEASE	D EVER IN U. S. ARMEI	mel	N .		Marthe	a do	all	-,-,-,-	
(Ye	, no or unkoowo)	(If yes, give war or date	of service)	16. SOCIAL SECURITY	NO.	17. INFORMANT	00	. / -	ADDRESS	bout
-	1					Millis J.	ON	2/m -/	547 der	man
	18. 72	2.01		CA	USE O	F DEATH	6	aut.	ONSET	VAL BETWEEN
		E OR CONDITION LEADING TO DEA	TH	(1)		- CA. A	0-1.	70.0		
	(This does heart failu	not mean the mode ore, asthenia, etc. It mes	of dying, e. ;	g-, (A)	, 0	70	Lille	Con	0-	t wary
	injury or	complication which	aused death	L) DUE TO	wex	year with	10-41	leve is	No.	
		ANTECEDENT CAUS	SES	- 11		-(. 0 %	P.A.	t.		
N	DISEASES	OR CONDITIONS, I	F ANY. GIVII	(B)	Almir			<i>//</i>		
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TI			,				
0				(C)		***************************************				
1		11				1-25111-1-15				
ERTIFICATION	OTHER S	IGNIFICANT CONDI	TIONS COL	N.						
Ü	TO THE DI	SEASE OR CONDITION	CAUSING 1	т						
7	19A. DATE O	F OPERATION 0 1	9B, MAJOR	FINDINGS OF	OPERA	TION				AUTOPSY?
EDICAL	21A. ACCID	ENT WAS UNDER-	218. PL/	ACE OF INJURY	(e. g., in	or 21c. WHERE D	DID (If	in Baltimore Cit	v. give exact	location)
MED		CONTRIBUTING		farm, factory, street, off			IR?		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
	ID. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OC		2 F. HOW DID	YAULNI	OCCUR?		
			m.		T WHILE					
	22. I hereby	y certify that I att	ended the	deceased from	an	19 J	O to XL	11/2) , 19	that I	last saw the
		ive on lest, 2	7 19 JY	and that death	h occurr	ed at 2 m.	, from th	e causes and or	n the date s	tated above.
	23A. SIGNAT	URE			23	B. ADDRESS	4		23c. DA	TE SIGNED
24	A. BURIAL, C	REMA- 24B. DATE	1		. D. FMETER	Y OR CREMATORY	1 240 10	CATION (City, to	WD OF COURTY	(State)
TIC	N. REMOVAL (S	pecify) 9 21	00	Z4C. NAME OF C	EWIE I EN	OR CREMATORT	X	I !	ll a	a C
D.	TE RECEIVE	D BY REGISTRAR	SSIGNATI	IRE	1	5 FUNERALCOLD	STATE OF THE PARTY	V seduce	ADDRES	- Va.
	CAL REGIST		J SIGINATU	E 0 0	12.0	5. FUNERALODIR	S. C.	f no.	Topes	
100	281951	1 Table	10/07	Marie M.	101	Manuel	N. /	sellmon	cofr	71
L	VS 150		1 -			1114 -	no	0. 010	5/2.0	0936



1	4-23	١		BAI	LTIMORE CITY HI	FALTH DEPART	MENT	50	8284
В	IRTH NO.50	8	284	Fuller	CERTIFICAT			Registered N	0
	NAME OF D 'ype or Print)	ECEAS	Love	+x1	Dustin	* Sulled		2. DATE OF DEAT	27,1950
A.	Baltimore (City, I	Maryland			A. STATE	ENCE (Whe	ere deceased lived. If i	institution : residence before admission)
H	SPITAL OR ISTITUTION	OF			tion, give street address or location)		1 (If on	tside corporate limits	write RURAL and give
_	23		JOHNS ROP	TING MAS	Yrs.	D. STREET ADDRI	ESS (If w	al, give location)) 402
5.	ngth of s		Baltimore	7 SINGL	Mos. Days E. MARRIED.	8. DATE OF BIRTH	de	AGE (In years)	Under 1 Year If Under 24 Hours
1	nale	w	Lite	WIDDY	VED, DIVDRCED (Specify)		83	last birthday) Mor	nths Days Hours Min.
19	A. USUAL OF done during most of	CURAT	TION (Give kind of glife, even if retired)	TOB KINE	of Business or INDUSTRY	11. BIRTHPLACE (State or forei	lla country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	NAME	ama F	Ile,	olin	14 MOTHER'S MA	IDEN NAM	E	<i>y.</i> 6 - 77 .
15 (Ye	. WAS DECEASE , no or unknown)	D EVE	R IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO. 2/5.0/-6608	17. INFORMANT	19MMS	ROPKIES HUSPET	DDRESS
	18. 162	X				OF DEATH		TANKS RAULIII	INTERVAL BETWEEN
	(This does	not m	CONDITION ING TO DEAT ean the mode o enia, etc. It mean	H f dying, e. i	E. (A) Car	inone	α	of-	
	injury or	compli	cation which c	aused death	a.) DUE TO	fung.			
NO			CEDENT CAUS		(B)	U		*************************************	
SATION	RISE TO T	HE ABO	ONDITION LA	STATING TI			***********		
RTIFIC			11						
CER	TRIBUTING	TO TH	CANT CONDITION OR CONDITION	NOT RELATE	ED				
	19A. DATE O				FINDINGS OF OPER	RATION			20. AUTOPSY
EDICAL			AS UNDER-		ACE OF INJURY (e. g., i		OID (If I	n Baltimore City, g	ive exact location)
M	CAUSE OF	DEATH		(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY C	OCCUR?	
	NJURY			m.	WHILE AT NOT WHILE AT WORK				
	22. I hereby		04 / 0 1		deceased from and that death occur	7/ 35, 1957	to 9/	27 , 1950	that I last saw the c date stated above.
	23A. SIGNAT		1/ 1/2	vens	9.	30 ADDDESS		KINS HOSPITAL	23c. DATE SIGNED
	AA. BURIAL, C	REMA-	24B. DATE		24C. NAME OF CEMETE		240. LOC	ATION (City, town,	or county) (State)
D	SURVELLE	D BY	9.30.50	SSIGNATI	DRE	25. FUNERAL DIR		B. md	ADDRESS
	CAL REGIST		1 Think	Julan 1	Allidate Mill	# 0 1011	2. Sons	Ine Mos	the Pa soes
	LVs 150 1	330	1 1 10 1	0 -	5042	14			0470
					/				

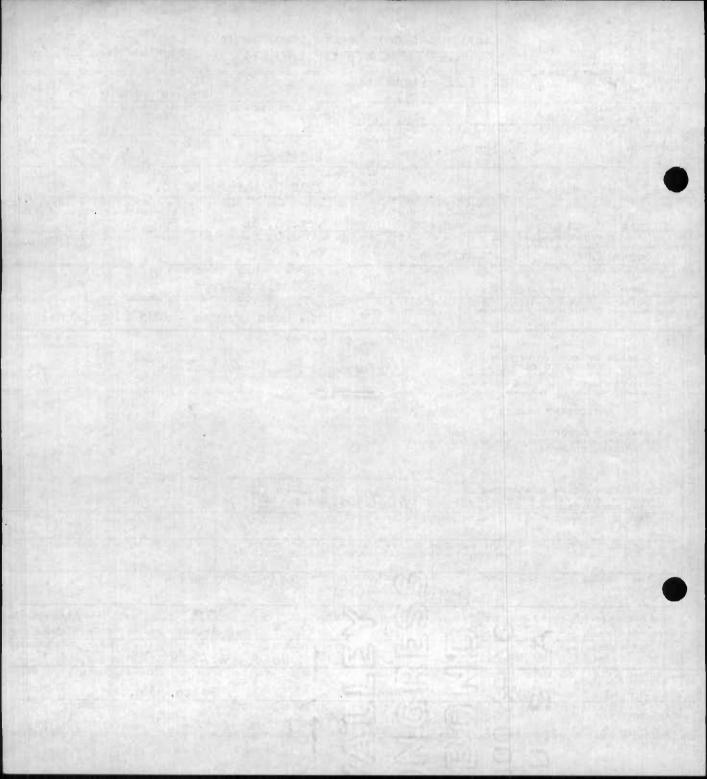


6-200

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8285

ВІ	RTH NO.	0 9985		CERTIFICATI	- OF DEATH	registeret	1110
	NAME OF D	ECEASED	MADELE	NE (Lena) CO		2. DATE OF DEATH	ept. 27, 1950
A.		City, Maryland			4. USUAL RESIDENCE (W		
HO	FULL NAME DSPITAL OR STITUTION		Roslyn A	ion, give street address or location)	c. city or town ()f Baltimore	outside corporate li	mits, write RURAL and give township)
5	ength of s	tay in Baltimore		Yrs, Mos. Days	D. STREET ADDRESS (If 1		
_	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. (ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
10 rorh	female A. USUAL OC done during morte house	CUPATION (Give kind of working life, even if retired	10B. KIND	ridowed of Business or industry home	Oct. 5, 1866 11. BIRTHPLACE (State or fo	83 reign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	NAME	vers		14. MOTHER'S MAIDEN NA Elizabeth Mye		
15 Yes	. WAS DECEASI	ED EVER IN U.S. ARME (If yes, give war or dst	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Jean Crann	mer - 1212	ADDRESS Bloomingdale Rd
RTIFICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAU SOR CONDITIONS, THE ABOVE CAUSE (A TYING CONDITION L	ATH of dying, e. a ans the diseas caused death SES IF ANY, GIVIN) STATING TI	E., (A) Excusion (B)	or death	astaus	12 ys
CER	TRIBUTIN	SIGNIFICANT CONE G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED RALLANDRA	oschrite CVD		
AL				FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	D. TIME	(Specify) (Month) (Day) (Year	sbout home,	ACE OF INJURY (e. g., item, factory, street, office bldg., etc.) 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID INJURY	OCCUR?	y, give exact location)
	deceased a	TURE		and that death occur	red at 1:30 Am., from th	he causes and or	n the date stated above.
2.	4A. BURIAL.	CREMA: 248 DATE Specify)		м. р.	RY OR CREMATORY 24D. LO	CATION (City, to Balto., Md.	wn, or county) (State)
	ATE RECEIVE	D BY REGISTRAR	S SIGNATU		25 FUNERAL DIRECTOR	lener & &	ADDRESS = RALLS
51	VS 950	7 F. W.	nu ayour 1	procedure pire			050.0

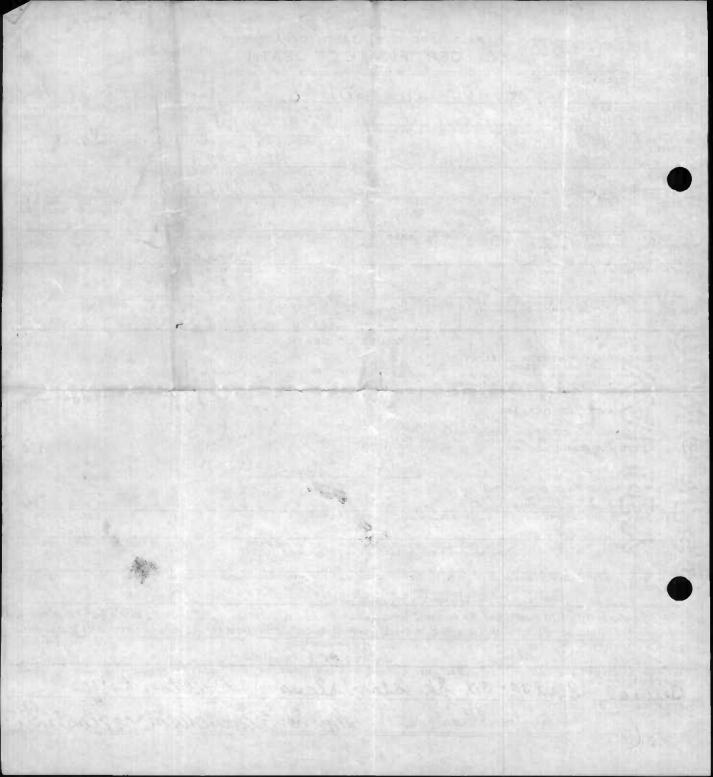


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8236

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIR	TH NO.	00 040		CERTIFICA	ATE	OF DEATH	Registered .	NO.
(Ty	NAME OF D pe or Print)	03.5	olonio	1903	low	o Ba	2. DATE OF DEATH	t. 36-1950
А. І		City, Maryland	Balt	~ , City		4. USUAL RESIDENCE (VA. STATE	Where deceased lived, 1: B. COUNTY	f institution; residence before admission)
HO	ULL NAME SPITAL OR STITUTION	2/6 M	Marv	on, give street addre	4 * T HOME	Balto	L	wate RERAL and give township)
C	ength of s	tay in Baltimore		N	Irs. Ios. Days	2/6/	rural, give location)	1.
5. 9	SEX	6. COLOR DR RAC		. MARRIED. ED, DIVORCED (Sp		B. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year on this Days Hours Min.
		CUPATION (Give kind of working life, even if retire		OF BUSINESS OF INDUS		1. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S	NAME	Gross	asal		4. MOTHER'S MAIDEN N	AME	
15. (Yes,	WAS DECEAS	ED EVER IN U. S. ARN (If yes, give war or d	ED FORCES?	16. SOCIAL SECURITY N	10.	7. INFORMANT 8 tella Moslou	13/2/4 .	ADDRESS
TION	(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DE s not mean the mod ure, asthenia, etc. It n complication which ANTECEDENT CA E OR CONDITIONS THE ABDVE CAUSE (EATH e of dying, e. g eans the diseas caused death USES , IF ANY, GIVIN A) STATING TH	e, .) DUE TO (B)	eus.	estatie Cerd	lis-Verrela	
IFICA.	UNDERL	YING CONDITION	LAST.	(C)		Simility		
CERT	TRIBUTIN	GIGNIFICANT CON G TO THE DEATH, BU	IT NOT RELATE	-D				
1		OF OPERATION		FINDINGS OF	OPERA	TION		20. AUTOPSY?
EDICA	21a. ACCID HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLA about home, f	ACE OF INJURY (arm, factory, street, office	e. g., in o bldg.,etc		If in Baltimore City,	
Σ.	ID. TIME	(Month) (Day) (Ye			URRED WHILE	21F, HOW DID INJUR	Y OCCUR?	
	22. I herel	by certify that I d	ttended the	deceased from_ and that death	Sccurr	ed at 2:45 13m., from t		that I last saw the
	23A. SIGNA	TURE /	lin	м. с	. 43	B. ADDRESS O 8 Edwardson	Village	23c. DATE SIGNED
TIO	A. BURIAL. N. REMOVAL (Sept.	30-50	St. Ste	-	Slaus 6	Balto.	n, or county) (State)
	TE RECEIVE		. In 1111	IRE WELL AND	4	Vm. 8. Fial	Koushi20	07 Eastern



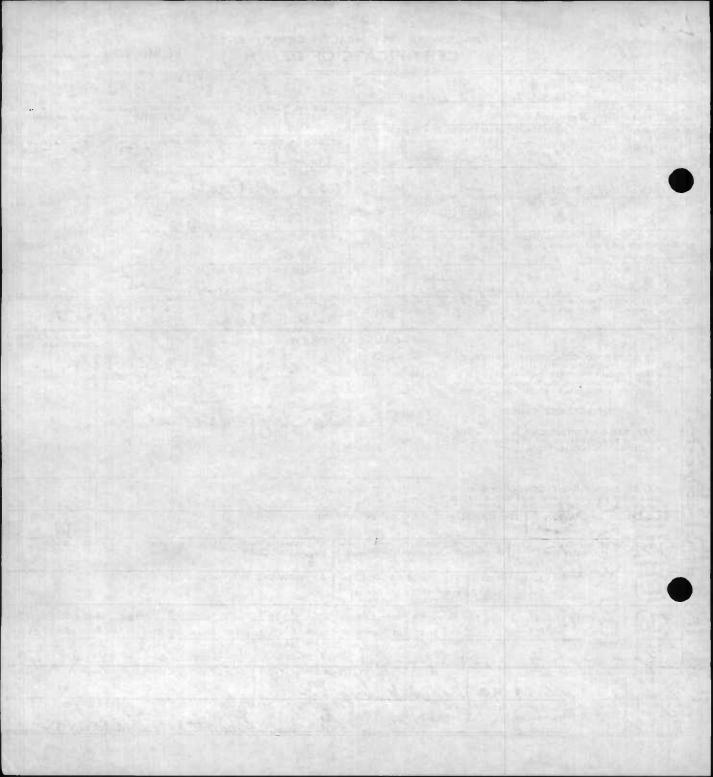
8287

BAKER

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

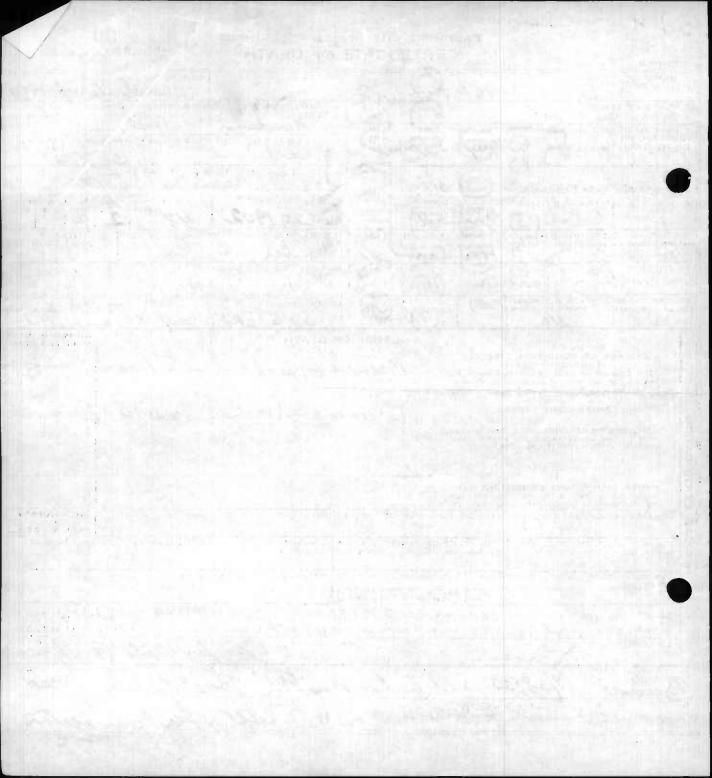
	50	823	1
Registered	No		

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Forella Baker	2. DATE OF 9-28-50 DEATH
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admissi
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
HOSPITAL OR MERCY HOSPITAL TOCATION	c. CHY OR TOWN (If outside corporate limits, write DIRA), and gownsi
Yrs.	D. STREET ADDRESS (If rural give logation)
Length of stay in Baltimore 20 %. Mos. Days	2035 W. Pratt St.
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. (Specify)	B. DATE OF BIRTH 9 - 18 - P 5 9. AGE (In years if Under I Year Months: Days Hours M
10A. USUAL OCCUPATION (Give kiod of lob. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTI
timisher in garment factory Clothing	Va USA
Charles 74. Fuggett	Delphine Lett
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (Yos, no or onknown) (If yos, give war or dates of service) SECURITY NO.	17. INFORMANT Mrs. a. E. Stecher 2039 ADDRESS Mrs. a. E. Stecher
18. 331 V CAUSE	OF DEATH INTERVAL BETWI
DISEASE OR CONDITION DIRECTLY	ONSET AND DE
LEADING TO DEATH	reliable murrhage 14/ma
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	A A T .
	Eular hyperlending
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194, DATE OF OPERATION 198, MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY
< none	YES X NO
21a. ACCIDENT, SUICIDE. O HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., i about home, farm, factory, atreet, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE MORK AT WORK	
	27-50, 19 , to 9-28-50, 19 , that I last saw
	rred at 2:15 am., from the causes and on the date stated abo
	258. ADDRESS 23c. DATE SIGNI
towler 7. While M.D.	Mercy Hospital 19-28-50
24A. BURIÁL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24G. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (Stat
Remonel Sept. 29-190 Gederick str	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. EUNERAL DIRECTOR ADDRESS
SEP 281950	Lina Li Sohnab 2101 Frederik me
VS 150	0630
(. 9 (0839



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

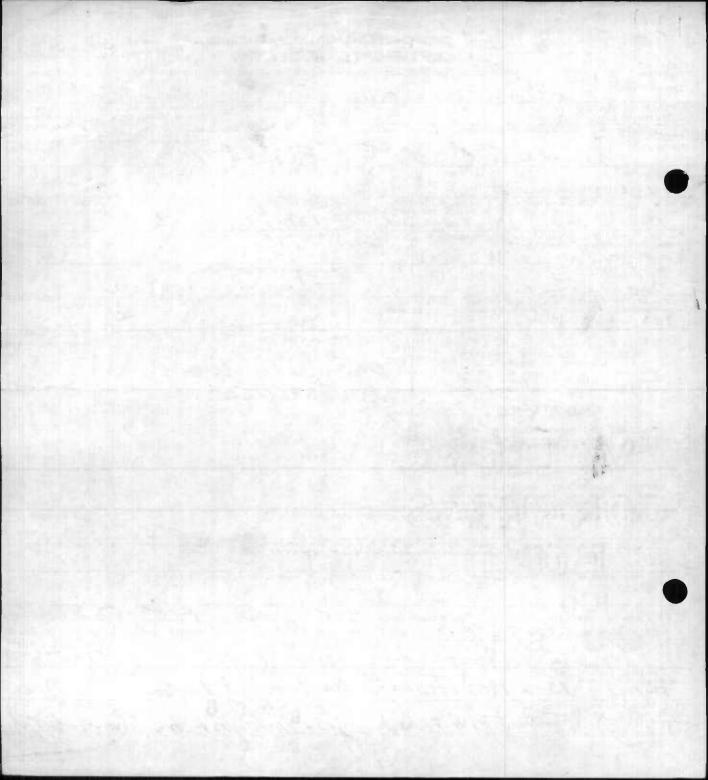
В	IRTH NO.	CERTIFICATI	L OI DEATH				
1.	NAME OF DECEASED Type or Print) TRENE SING	sleton		2. DATE OF DEATH OLIVER	424, 1950		
	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased Aved, If is	nstitution; residence before admission)		
В.	FULL NAME OF (If not in hospital or in	stitution, give street address or	Marylan	1 Balle	-me		
ii	STITUTION Unwern & Man		Baltimor	(If outside corporate limits	write EURAL and give township)		
2	ength of stay in Baltimore	/ O Mos. Days	909 H. ap		est		
5.	F	NGLE, MARRIED DOWBD, DIVORCED (Specify)	June 20, 1902	9. AGE (In years last birthday)	Inder 1 Year H Under 24 Hours has Days Hours Min.		
1C		KIND OF BUSINESS OR	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	Honsewife /4	anelofe	Columbia,	J. E.	0.5.		
13	3. FATHER'S NIME		14. MOTHER'S MAIDEN				
11	5. WAS DECEASED EVER IN U. S. ARMED FORC	500 110 500111	VANE	ones			
(Ye	es, no or nnknown) (If yes, give war or dates of servi	16. SOCIAL SECURITY NO.	5, STER	MAS. GRACE Lee	BEST Ad		
	18. / 7/14	CAUSE	OF DEATH		INTERVAL BETWEEN		
В	DISEASE OR CONDITION DIRECT	TLY Ma		I rectal hemor	1 al. 5746		
	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	g, e. g., (A)	of vagnal an	of recognization			
	injury or complication which caused	death.) DUE TO	0	0 '-			
7	ANTECEDENT CAUSES (B) Carcentral of Cervix, Stade 10 Mulmown						
Ö	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATE)	K			
I-A	UNDERLYING CONDITION LAST.	THE BOL TO					
RTIFICA		_(C)					
R	OTHER SIGNIFICANT CONDITIONS		MARKET AT INC.				
CE	TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ING IT.					
AL	19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
ñ		PLACE OF INJURY (e. g., i		(If in Baltimore City, g			
ED	HOMICIDE (Specify) about	bome, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	*			
Σ	21D. TIME (Month) (Day) (Year) (Hour	21E, INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	W 22-1-12		
	i indokț	m. WHILE AT NOT WHILE					
6	22. I hereby certify that I attended						
U	deceased alive on 24, 195			the causes and on th	e date stated above.		
E	23A. SIGNATURE		Conversit of Ma	refail Hazitet	8:00/A) 9-24-50		
2	4A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE		LOCATION (City, town,	or county) (State)		
1	Dunal 1/28/50	Cubutus	mient PK 18	tallo Cerenta	, ny		
	OCAL REGISTRAR REGISTRAR'S SIG		25. FUNERAL DIRECTO	5/2	ADDRESS		
	SFP 28 1950, Thursday	- File or Agency 1113 -	- had the	wper ca	weeking		
	VS 150				ave.		



BALTIMORE CITY HEALTH DEPARTMENT

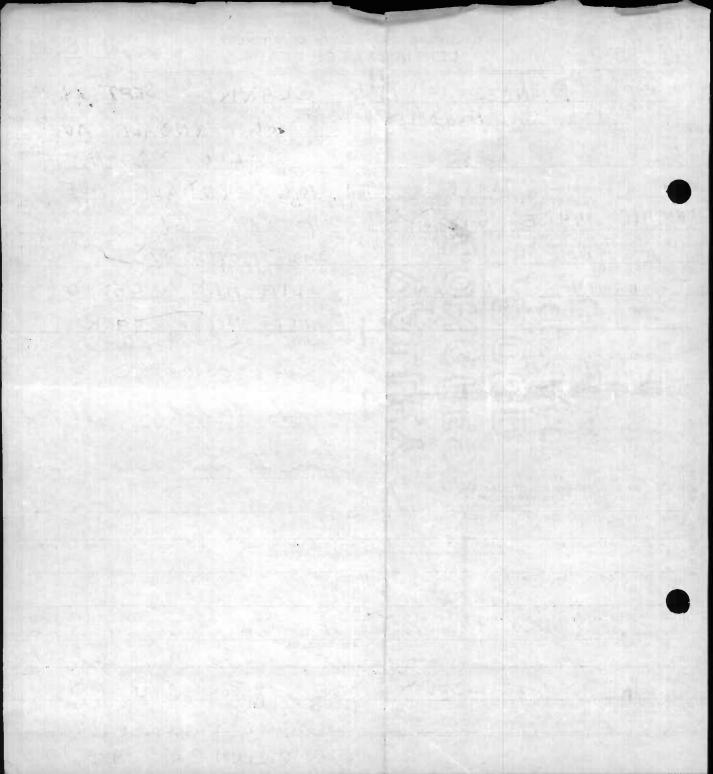
Registered No. 8289

В	IRTH NO.		EKTIFICATE	OF DEATH	A Constitution	
	NAME OF DECEASED Classes	rude	DAVIS		2. DATE OF DEATH	-28-50
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (If institution: residence
В.	FULL NAME OF (If not in hospi	tal or institution	n, give street address or	314 Was	lung lon :	ST. grundel
	OSPITAL OR ISTITUTION -	· # 11	location)	C. CITY OR TOWN	f outside corporate lin	nits, write RURAL and give township)
	Muvers	ils al	osp.	Eastport,	Mil.	, township,
2	ength of stay in Baltimore	-	Yrs. Mos. Days	D. STREET ADDRESS (1	f rural, give location)	5:00
5.	SEX 6. COLOR OR RACE	7. SINGLE.	MARRIED. D, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (in years	Months: Days Hours: Min.
	m	1 100	erried	1894	56	Months Days Hours Mill.
1 C	A. USUAL OCCUPATION (Give kind o k done during most of working life, even if retired	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
I	Poiler maker	USV	1 aves	Va.		LISA
13	FATHER'S NAME		4	14. MOTHER'S MAIDEN N	NAME	
	Harry Lee			tlorence	Gorden	V
15 (Ye	. WAS DECEASED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
`	Yes WWI	,	SECONTT NO.	nephers	, ×	Same -
	18. 456 X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION			- 1. I	1	ONSET AND DEATH
	LEADING TO DEA (This does not mean the mode	of dying, e.g.,	(A) alul	e deilen le	upus	
	heart failure, asthonia, etc. It med injury or complication which	ins the disease, caused death.)	DUE TO	tt. +:	/	
			ry	allmarina		
Z	ANTECEDENT CAU	555	(B)			
ō	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A)			***************************************	***************************************	***************************************
AT.	UNDERLYING CONDITION L					
FICATION			(C)		********************************	***************************************
RTI	OTHER SIGNIFICANT COND	ITIONS SON				
ER	TRIBUTING TO THE DEATH, BUT	NOT RELATED				
U	19A. DATE OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL						YES NO
DICA	21A. ACCIDENT WAS UNDER-		E OF INJURY (e. g., in		(If in Baltimore City	, give exact location)
MEL	LYING OR CONTRIBUTING CAUSE OF DEATH		m,factory,street,office bldg.,e			
	FINJURY (Month) (Day) (Year		IE. INJURY OCCURRE	D 21F. HOW DID INJUR	IY OCCUR?	
			NOT WHILE			
	22. I hereby certify that I at			- 195 Qto_	9-28,19	57 that I last saw the
	deceased alive on 7-2	7, 1950 an	nd that death occur	red at 350 Am., from		the date stated above.
	23A. SIGNATURE	nd/	Shoul 2	BADDRESS Hosto		9-28-50
24	4A. BURIAL, CREMA- 24B. DATE		M. D.	7/4/	LOCATION (City, tow	
TIC	Burial 10-2			Matil. a	lugton	Va.
	DCAL REGISTRAR	S SIGNATUR	E	24. FUMERAL AIRECTOR	5 /	ADDRESS
2	FP 281950 Thurster	afor Itell	LEULAN (John Thoanglo	2 toon (magorlis Mol.
	VS 150	8 -	- 11			0 / / /
		5	03910			153
			~ /			



50	 8230	

B	FRTH NO. 8230	CERTIFICATI	E OF DEATH	Registered No	0400
	NAME OF DECEASED	11-1-1	01000	2. DATE	01 100
8	PLACE OF DEATH:	HELEN	4. USUAL RESIDENCE (V	DEATH SEPT-	
Α.	Baltimore City, Maryland 3/06 FF	RN DALE AVE	A. STATE	E. COUNTY	before admission)
H	FULL NAME OF (If not in hospital or institution OSPITAL OR ISTITUTION	lion, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, wa	AVE
11	y)		BALT	0-MD.2	B - (Low Millip)
		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	N.1 <i>c</i>
-5		Days Days	8. DATE OF BIRTH	NDALE /	J Vear Il Under 24 Hours
F	EMAIE WIDOV	VED, DIVORCED (Specify)	1-7-1884	last birthday) Months	
		OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country) 12.	CITIZEN OF WHAT COUNTRY?
	AT HOME -	INDOSTRI	BALTIMOR	RE MD	WHAT COUNTRY
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	V Z
1:	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	VAN 16. SOCIAL	JULIA AI	IN CASS	OID
(Ye	s, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	FRANCES HE	LEN CLAR	
	18. 4/20.0	NONE			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	THE RESIDENCE WHEN	AT	a continue of	ONSET AND DEATH
	(This does not mean the mode of dying, e.	g., (A)	yposlabi Sm	eumonta	2 crays
	heart failure, asthenia, etc. It means the disea injury or complication which caused deat	se, h.) DUE TO			6
_	ANTECEDENT CAUSES	Corek	moscular aco	roland	10 days
ATION	DISEASES OR CONDITIONS, IF ANY, GIVI	(B)			
LAT	UNDERLYING CONDITION LAST.		0-0-1	1 40.	11
F	11	(c) Ch	Cirosolerobi /	Lan Didase	Jams
ERT	OTHER SIGNIFICANT CONDITIONS CO				1/
Ü	TO THE DISEASE OR CONDITION CAUSING		ATION		20. AUTOPSY?
AL	194, DATE OF OFERATION (198, MAJOR	FINDINGS OF OPER	ATTON		YES NO D
DICA		ACE OF INJURY (e. g., in farm, factory, street, office hidg.,		If in Baltimore City, glve	exact location)
ME					
	OF INJURY (Month) (Day) (Year) (Hour)	WHILE AT NOT WHILE		7 OCCUR7	
1	m.	WORK AT WORK		fast is.	
	deceased alive on 22, 19	and that death occur	red at 4:00 Am from t	he causes and on the o	hat I last saw the
	23A. SIGNATURE M 7		3B. ADDRESS		SC. DATE SIGNED
-	4A. BURIAL, CREMA- 2,4B. DATE	24C. NAME OF CEMETE	2 5 5 Hans	OCATION (City, town, or	Sounty) (State)
TI	ON, REMOVAL (Specify)	DRUID RIL	11/-	KESVILLE 1	M) -
	ATE RECEIVED BY REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR	VESVILL I	PRESS
L	SEP 28195 Juntington Will	laule, Mill	I amunded		
	VS 150	3/	T.V.O. O.	. 0	- 20-5
			5118 GWYNN	I OAK AU	F. 43)



4	6
50	8291

50 8291 Registered No.

BI	RTH NO.					1000						
	NAME OF D		FRAN	JK 1	MORRIS	s Gi	OVER	*	2. DATE OF DEATH	SEPT	. 26,	1950
Α.	PLACE OF D Baltimore (City, Mary					4. USUAL RESIDE	NCE (Whe	ere deceased li B. COUN			idence idmission
HC	STITUTION				ition, give stree	t address or location)	c. CITY OR TOWN	(If ou	tside corpora	to mits, well		L and give township
13	12	1652	MOK	MAL	HAF	NY	DALTO		-1	0		
c.	Length of s	tay in Bal	timore		Mycus	Yrs. Mos. Days	D. STREET ADDRE	JORM	AL P	AVE.		
5.	SEX	6. COLOR	OR RACE	WIDO	E. MARRIED.	ED (Specify)	AUG 17 1	876	9. AGE (In ye last birthda	ears H Under ay) Months	Days Ho	urs Min.
10	A. USUAL OC	CUPATION	(Give kind of		D OF BUSINE		11. BIRTHPLACE S	tate or fore	ign country)	1 12.0	CITIZEN	OF
(ARPEN	ITER	ven if retired)	Bu	ILDIN	NDUSTRY	WESTMIN	1137	ER, N	10 '	WHOT CS	OUNTRY
13	FATHER'S	NAME					14. MOTHER'S MA	IDEN NAM	E			
		MUEL	W.	GLOS	ER		VIRGIN	AIL	=. D	EEDS		
15 (Yes	, no or unknown)	ED EVER IN (If yes, giv	U, S. ARMED	FORCES?	16. SOCIA	L HTY NO.	17. INFORMANT		_	ADDRE	ESS	
_	No				1212-3	0-197	4 MERI	Lil	GLOVE	-R		
	18. 4	2011	,			CAUSE	OF DEATH				INTERVAL	BETWEEN DEATH
	DISEA	SE OR CO			Y	11. +	1:	1 -11		1.	- 11	91.1
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,									1/26/50		
		complication										
		ANTECED	ENT CAUS	55		1 -	1.	,		-	1. 1.	
Z	DISEASE	S OR CON	OITIONS :	E 4 NW 600	(B)	$-n\nu$	unucun	my			mpe	yun
TION	RISE TO	THE ABOVE	CAUSE (A)	STATING '								
S	ONDERE	THIS CON	DITION LA									
F			II		(C)							
ERTIFICA		SIGNIFICAL G TO THE D										
Ö	TO THE D	DISEASE OR	CONDITION	CAUSING	IT,							
Ţ	19A. DATE O	OF OPERAT	ION 0 1	9B. MAJO	R FINDINGS	OF OPER	ATION			-700	20. AUT	OPSY?
S	21a, ACCIDI	ENT. SUICI	DE.	218. PL	ACE OF INJU	JRY (e. g., i	n or 21c. WHERE D	ID (If	in Baltimore	City, give e		
1EDICAL	HOMICIDE	(Specify)			e, farm, factory, stre			R?				
Σ	D. TIME	(Month) (I	(Year)	(Hour)	21E. INJURY	OCCURR	ED 21F. HOW DID	INJURY (DCCUR?			
	MOOKT			m.	WHILE AT WORK	NOT WHILE AT WORK						
	22. I herel	ou certifu	that I att	ended th	e deceased f	rom Fe	- 15 1957	, to Se	J 16	, 19 20 , the	at I last	saw th
	deceased a		2/1h	1950	and that de		rred at 82 Am.	from the	causes and			
	23A. SIGNA	TURE	ule.	This	LAL DIMP		3B. ADDRESS	-h	1	23	2/	SIGNED
2	A. BURIAL.	CREMA- 24	B. DATE	1 100	24c. NAME		RY OR CREMATORY	24D. LOC	CATION (Cit	y, town, or co	unty)	(State)
TI	REMOVAL (-29-1	950	DEED	PAR	V CEM.	CAR	ROLL	Co.		MO
	ATE RECEIVE	D BY RE	GISTRAR	S SIGNAT	TURE	0 0	25. FUNERAC) DIR	ECTOR)		ADI	DRESS	-
CI	CAL REGIST	TRAR T	inter.	for M	11.50	No.	HIWIFAL	KING	& Son	15 490	NZC	RKR

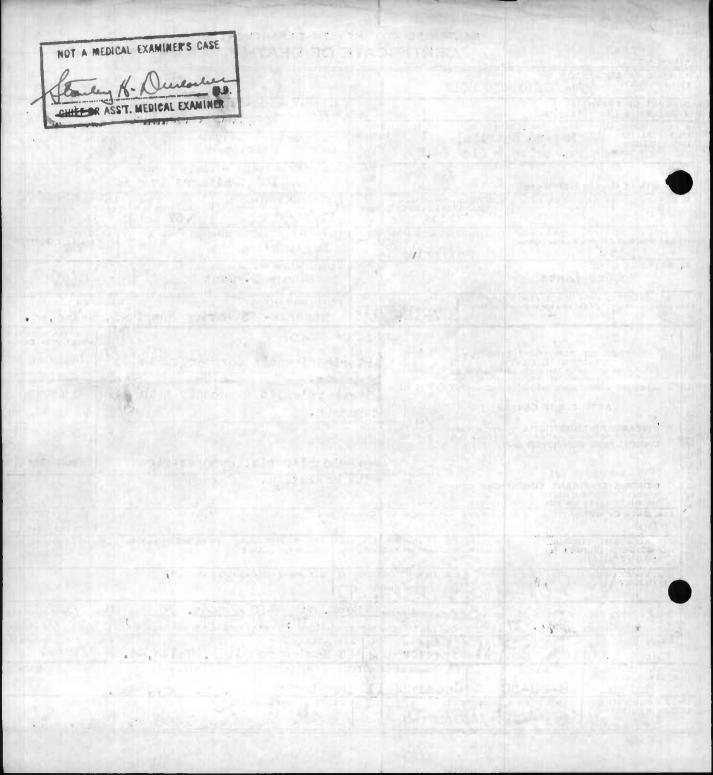
DR. R.C. HUDSON, GOG BALTO AVE.

50 8292

J"	Olev a	CERTIFICATE	OF DEATH	Registered No_	
	RTH NO.			Lo Date	
	pe or Print) LESLIE	HOWARD WILL	ES	OF SEPT.	26,1950
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE ()	Where deceased lived. If inst B. COUNTY	itution; residence before admission)
	FULL NAME OF (If not in hospital or in	nstitution, give street address or location)	17/0.	f outside corporate limits (M	0
	CTITUTE ON A S .	LE HALL RD.	BALTO.	27 minus	township)
4		Yrs.	D. STREET ADDRESS (If	rural, give location)	7
-	Length of stay in Baltimore	LIFE Mos. Days	4309 MA	RBLE HALL	RO.
5.	SEX 6. COLOR OR RACE 7. S	INGLE, MARRIED, VIDOWED, DIVORCED (Specify)	JULY 14 1918	9. AGE (In years last birthday) Months	of 1 Year II Under 24 Hours Days Hours Min.
		. KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country) 12.	CITIZEN OF
TOP	done during most of working life, even if retired)	NSURANCE	BAITS M	0	WHAT COUNTRY!
13	FATHER'S NAME	MOURANCE	14. MOTHER'S MAIDEN N	IAME	0.3.
	10114 1551.5	Lalies	File P	HOTHER	
15	WAS DECEASED EVER IN U. S. ARMED FOR	CES7 16. SOCIAL	17. INFORMANT	ADDF	Prec
(Yes	, no or unknown) (If yes, give war or dates of ser	vice) SECURITY NO.	LENNINE ATVIN	1541 1.1150	2000
1	No	CALICE	JUNIONE HILL	ASON MILCEZ	INTERVAL BETWEEN
	18. 260·X		OF DEATH	^	ONSET AND DEATH
	DISEASE OR CONDITION DIRE	XINIA	ral Dimari	La pe	24/4
	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	e disease,			~ , , , ,
	injury or complication which caused	death.) DUE TO	1 ~		
-	ANTECEDENT CAUSES	Niele	Les Milloters (&	imme la tiel	1 2 was
NOL	DISEASES OR CONDITIONS, IF ANY				1
A	RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	TING THE DUE TO WILL	en Synden)	0
FICA					
E	11	(C)			
ERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	RELATED			
U	19A, DATE OF OPERATION 19B. M	AAJOR FINDINGS OF OPER	ATION	• • • • • • • • • • • • • • • • • • • •	20, AUTOPSY?
A	7				YES X NO
EDICAL		B. PLACE OF INJURY (e. g., in at home, farm, factory, street, office bldg., e		If in Baltimore City, give	exact location)
	HOMICIDE (Specify) about	t gome, farm, factory, street, onice picg., e	w./ INJURY OCCURY		
Σ	ID. TIME (Month) (Day) (Year) (House	r) 21E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
B.	FINJURY	m. WHILE AT NOT WHILE			
	22. I hereby certify that I attende		il 12 1948to	ent. 26, 1950 ti	hat I last saw the
	deceased alivern 47.25 19	50 and that death occur	red at 11 a. m. from		
	23A. SIGNATURE		3 ADDRESS Q		3c. DATE SIGNED
	Thelasn h	stland M.D.	reduis All	19. Latts. Ind	4/27/50
24 TIC	N. REMOVAL (Specify)	24c. NAME OF CEMETE	0	OCATION (City, town, or	county) (State)
	BURIAL SEPT. 2919	150 DRUID KIR		KESVILLE	MO
DA	ATE RECEIVED BY REGISTRAR'S SIC	SNATURE O G	25. FUNERAL DIRECTOR	10 CAL	DDRESS
	Committee (hunting ton)	Villains/Mar	H.W. JENKIN	a) Zuol & Zi	4405 YORK
4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/- 22		1	RD.

DR SHELDON EASTLAND
MEDICAL ARTS

BII	RTH NO.					
	NAME OF D pe or Print)	CORA ELIZA	BETH HOLT		2. DATE OF DEATH Sept.	27, 1950
Α.	PLACE OF D Baltimore (City, Maryland	al or institution, give street addre	A. STATE Marvile	E (Where deceased lived. If in B. COUNTY	stitution: residence before admission)
HO	SPITAL OR	US Marine H	lospital locat		(If outside corporate limits,	RURAL and give township)
	ength of s	tay in Baltimore	Tife	rs. D. STREET ADDRESS 1805 W	(If rural, give location) hitmore Avenue	
5,	F F	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Sp Widow	8. DATE OF BIRTH 11/14/93	9. AGE (In years last birthday) Mon-	nder I Year It Under 24 Hours the Days Hours Min.
work	done during most o		108. KIND OF BUSINESS OF INDUS		or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13.	Rob	ert Lantz		Shara S. (
15. (Yes,	WAS DECEASI	ED EVER IN U.S. ARMEI (If you, give war or date	FORCES? 16. SOCIAL SECURITY OF	17. INFORMANT RECORDS US	Marine Hospital,	Balto, Md.
7	DISEAS (This does heart failuinjury or	oronary with	Unknown Unknown			
CERTIFICATION	OTHER S	S OR CONDITIONS, INTER ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITION G TO THE DEATH, BUT DISEASE OR CONDITION	STATING THE DUE TO ST. (C)	rteriosclerosis, lith occlusion.	hypogastric	Unknown
	19A. DATE C	of OPERATION 2 1	98. MAJOR FINDINGS OF C	PERATION		20. AUTOPSY?
MEDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLACE OF INJURY (e about home, farm, factory, street, office)	g, in or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
2	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCU	HILE	URY OCCUR?	
	deceased at	live on Sept. 2	ended the deceased from 7, 1950, and that death o	ccurred at 10:30 AM fro		a date stated above. 23c. DATE SIGNED
24	John I	CREMA- 248. DATE	dical Director M. D		tal, Balto, Md.	9/28/50 r county) (State)
	A. BURIAL, (S N. REMOVAL (S Buria	al 9-30-5	Cedar Hill	L Cemetery A	. A. Co., Md.	
LO	CAL REGIST	RAR REGISTRAR	s, SIGNATURE	25 FUNERAL DIRECTO	260	has. St.
	VS 150		790	55	92.2	



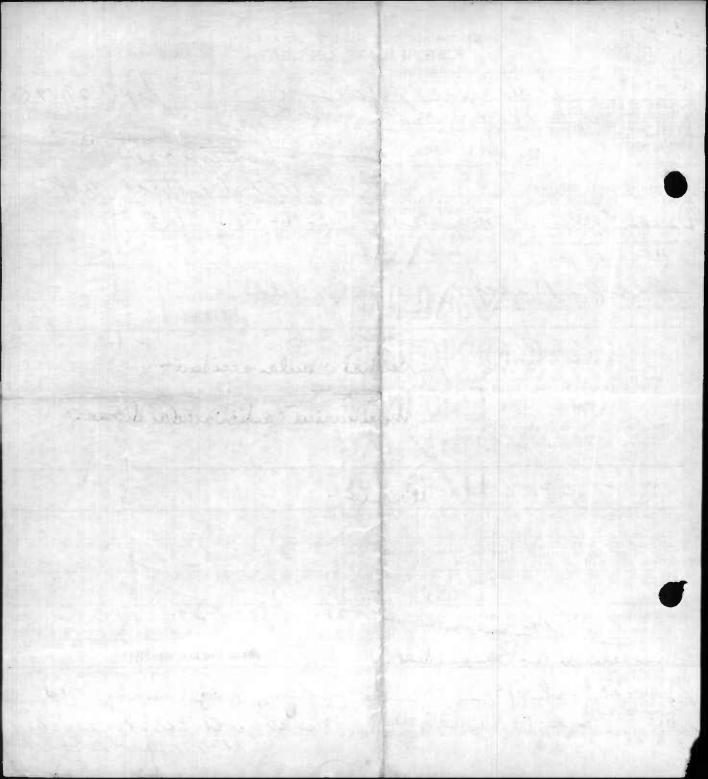
10 8294 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

sistered No. 8294

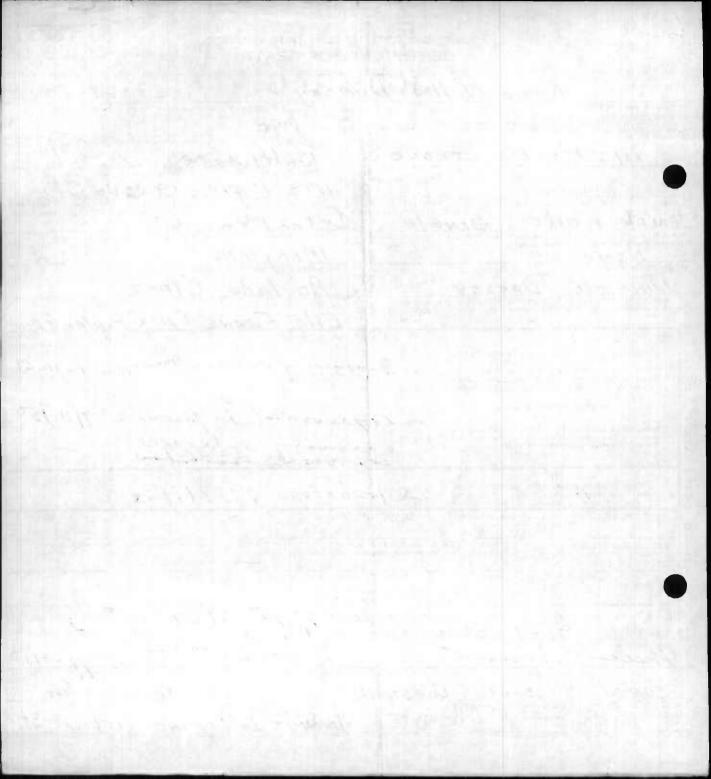
E	HRTH NO.	A CV		CERTIFICAT	E OF DEAT	H Regis	stered No
(. NAME OF E Type or Print)	U	dela	ne Jac	kson	2. DATE OF DEATH	Lest 27.195
3	. PLACE OF E	City, Maryland	ned.	Opl/14	4. USUAL RESID	ENCE (Where deceased	d lived. If institution: residence
ВН	FULL NAME		tal or institut	tion, give street address or location)	c. CITY OR TOWN	na	0
11	NSTITUTION	HONR	S HOPKINS	COSETTEL	6. 6111 04 104	allimo	prate limits, write DRAL and give township)
C	Angth of s	stay in Baltimore	147	Yrs. Mos.	D. STREET ADDRE	ESS (If rural, give loc	eation)
5	SEX	6. COLOR OR RACE		Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In	years If Under I Year If Under 24 Hours
4	Lucale	Colored	WIDOW	VED, DIVORCED (Specify)	4-16-8		hday) Months Days Hours Min.
'1(k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country	12. CITIZEN OF WHAT COUNTRY
1:	3. FATHER'S	NAME O			14 140711671		WHAT COOKINT
	ale	W. P.	1-0		14. MOTHER'S MA	IDEN NAME	7
15 Ye	MAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
				SECURITY NO.		HOMES ROPKIES	N N N
CERTIFICATION	DISEASES RISE TO TI UNDERLY OTHER S TRIBUTING	complication which can	F ANY, GIVIN STATING TH ST.	(B) 14 (DEL)		diovaeula	dièmee.
1	19A. DATE O	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
000	21A. ACCIDE LYING OR CAUSE OF [ENT WAS UNDER. CONTRIBUTING	21B. PLA about home, fe	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DI		re City, give exact location)
	21D. TIME (Month) (Day) (Year)	w	HILE AT NOT WHILE AT WORK	D 21F. HOW DID	INJURY OCCUR?	
-	deceased al	ive on 9-27-	19 500	deceased from 4- and that death occur	red at/0:30 m.,	to 9-27- from the causes an	that I last saw the don the date stated above.
10	A. BURIAL. C	Su V 30	150	4c. NAME OF CEMETER W. Calv RE		24b. LOCATION (Cit.	
	VS 150					1120- 6	1/1/

1129 n. Carrens 54

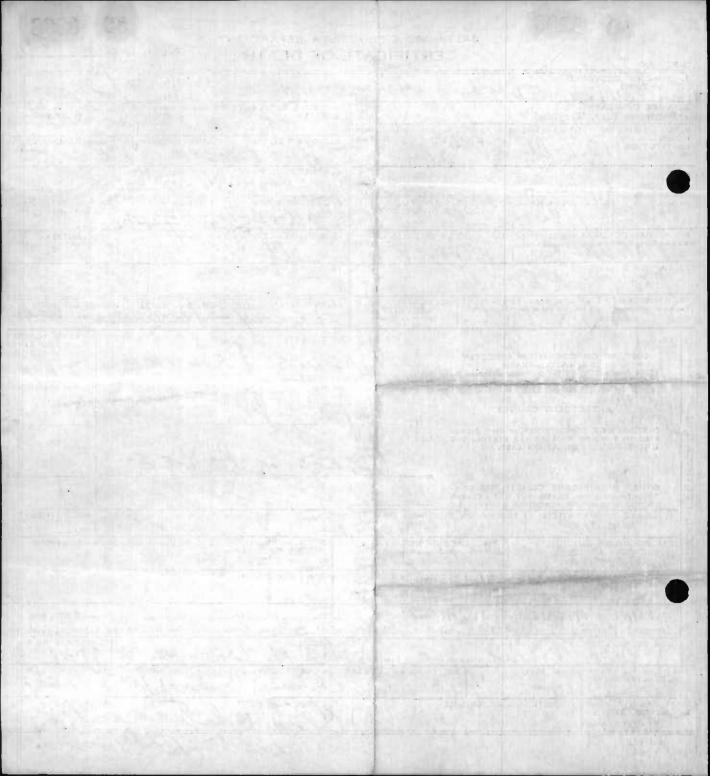


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BI	RTH NO.						
(T	NAME OF DI ype or Print)	ANNI	e Neli	le Do		B -01 1111 V	-27-50
Α.		ity, Maryland			A. STATE	DENCE (Where deceased live B. COUNT	
H	FULL NAME O	OF (If not in hospit	al or institution,	give street address of location		N (If outside corporate	innts, write RURAL and give
IN	STITUTION	3 POPLA	R GR	cove St.	13014	imore /	township)
				Yrs.	D. STREET ADDR	ESS (If rural, give location	n)
		ay in Baltimore		Mos. Days	1113 1		ove Sti
Ĵ	em ale	White		ARRIED. DIVORCED (Specify	VI /	9. AGE (In year last birthday 67	months Days Hours Min.
		CUPATION (Give kind of f working life, even if retired)	108. KIND OF	BUSINESS OR	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	No	Ne		INDOSTR	MARY	/ANd	U.SA.
13	FATHER'S N	AME			14. MOTHER'S M	- /	
15	WAS DECEASE	DEVER IN U. S. ARMEI	RSEY 16	S. SOCIAL	Mde/n	de CIARI	
Ye	, no or unknowo)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT	(00.44 ///3	ADDRESS
	18. //	20.1		CAUSE	OF DEATH	ERNK 1113	INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY			0.	DNSET AND DEATH
		not mean the mode	of dying, e.g.,	(A) Pup	ture of C	ardiac Aucu,	754 instant
		re, asthenia, etc. It mea complication which o		DUE TD			
		ANTECEDENT CAUS	SES	4	-0-	1:1.	9/11/50
Z	DISEASES	OR CONDITIONS, I	F ANY, GIVING	(B)/-/	000701=1	Inforctio	7/11/5
FA	UNDERLY	HE ABOVE CAUSE (A)	STATING THE	DUE TO	onery	sclarouis	
0				(C)	aboteb	tallet	
ERT	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT	NOT RELATED	de ja	60100	172 ((itus	
		F OPERATION		NDINGS OF OPE	RATION		20. AUTOPSY?
Z							YES ND
1EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		OF INJURY (e. g., factory, street, office bldg.			ity, give exact location)
2	ID. TIME (Month) (Day) (Year)	(Hour) 21E.	INJURY OCCUR	RED 21F. HOW DI	D INJURY OCCUR?	STREET
	INSORT		m. WHIL				
V	22. I hereby	y certify that I att	tended the dec	eased from Je	uly 5195		195, that I last saw the
	deceased al	ive on 7/4/	_, 19 50 and	l that death occu	rred at // p m 23B. ADDRESS	a., from the causes and	on the date stated above.
	Will	-Jeles	mel	м. D.	16 CV.	29 455	9/28/50
710	AA. BURIAL, CON, REMOVAL (S	pecify)		11	ERY OR CREMATOR	- /	N
D	SURIA ATE RECEIVE			Western	25. FUNERAL DI	3900 Edmon	ADDRESS
L	SEP 281			mft Will : 1)	John F.	DONNY, INC.	715-LIGHT St.
				and the second second		1	



113	6 CERTIFICATE CORR	ECTED 10-6-50	KA WOOD
		HEALTH DEPARTMENT	15 5531
В	RTH NO. CERTIFICAT	TE OF DEATH Registered	No.
1	NAME OF DECEASED REDMAN ANDE	EKS OND ANDREWS OF DEATH	127/53
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution : r sidence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address of location location)		nits, write RURAL and give
2	STITUTION 10 / 10. 20 ST.	BALTIMORE !	township)
	Yrs. Mos. ength of stay in Baltimore Days	107 1. 20=	ST:
5.	SEX 6. COLOROR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specific Married)	8. DATE OF BIRTH . 9. AGE (In years)	H Under 1 Year H Under 24 Hours
	1 Neona P	17AN. 112188 74	2 yrs.
worl	A. USUAL OCCUPATION (Givekind of done during most of portion life event are tired) A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR INDUSTRED OF BUSINESS OR INDU	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL		<u> </u>
(Ye	n, no or unknown) (If yes, give yer or dates of service) SECURITY NO.	17. INFORMANTE dna Davis, 1131 F	Address ngton St
		OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	ARDIAC TAILURE	7 1/40
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	0 0	7.7
z	ANTECEDENT CAUSES	YN PR.	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
-1C/	1/1	CERS OF KT LEG	
RTIF	OTHER SIGNIFICANT CONDITIONS CON-		
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
EDIC,	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., ebout home, faym, foctory, street, office bldg		
Σ	210, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR.	RED 21F. HOW DID INJURY OCCUR?	
L	MHILE AT NOT WHILE WORK AT WORK		
	22. I hereby certify that I attended the deceased from		, that I last saw the
	deceased alive on, 19, and that death occur	arred at, m., from the causes and on	the date stated above.
	Isse / Illiama II (M.D.)	1113 N. CAROLINES	E 9/27/50
TI	A) BURIAL CREMA- 24B, DATE 24C, NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City to	th, or county) (State)
L	THE RECEIVED BY REGISTRAR'S SIGNATURE COLL REGISTRAR SEP 291050	25 FUNERAL PIRECTOR STEAM	ADDRESS -
	vs 150	101 - 1316 20	Chap1
11	97063	receive these	107

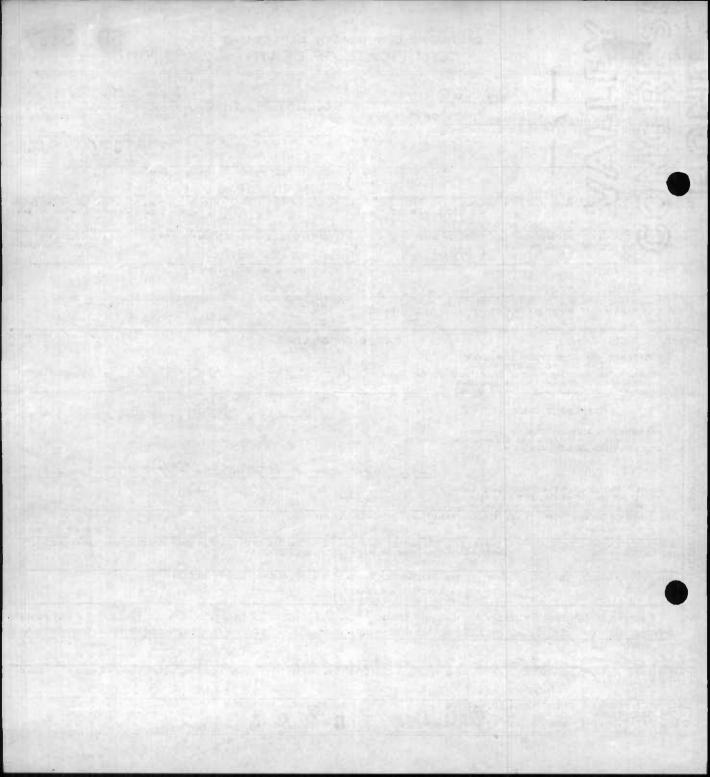


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Registered No.

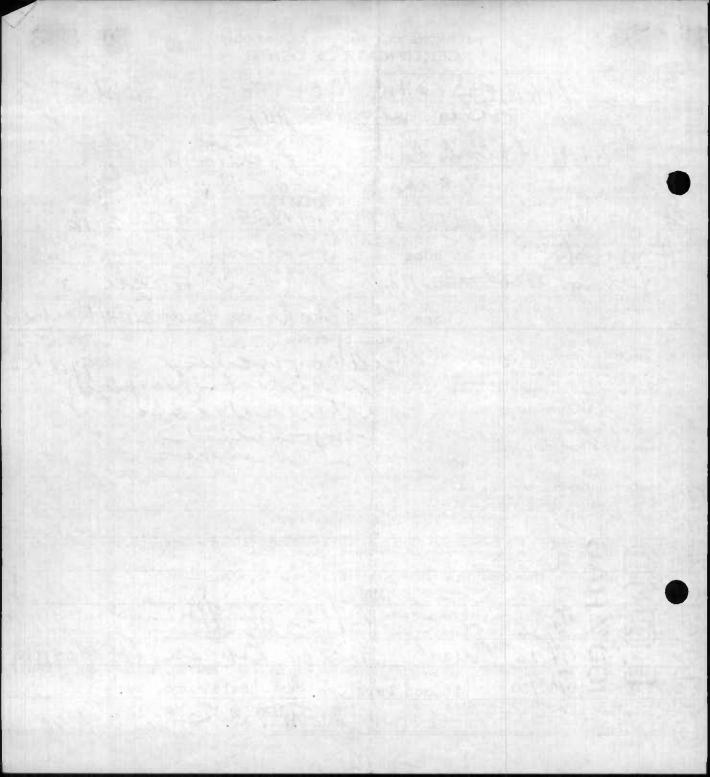
CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Sept. 26, 1950 ANNA BELLE BIGGS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A Baltimore City, Maryland 1034 N. Calvert St. B. COUNTY A. STATE Nd. B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write BUHAL and give HOSPITAL OR location) C. CITY OR TOWN INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1034 N. Calvert St. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years 5. SEX If Under 1 Year ft Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months Days Hours: Min. July 19, 1864 Widowed 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work donoduring most of working life, even If retired) INDUSTRY WHAT COUNTRY at home Home Pocky Rd. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amelia Wagner Clay Anders 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) SOCIAL 17. INFORMANT ADDRESS SECURITY NO 1034 N. Calvert St. None Mrs. Webster Brown 42011 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! AT WORK WORK 192 that I last saw the 6; 195 and that death occurred at deceased alive on ... m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE /29/50 Frederick Co. Nd. Purial Rocky Ridge Cem. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR hustile for

VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ВІ	RTH NO.		C	ERIFICA	E OF DEAL	П	registered moz	,
(T	NAME OF DECE 'ype or Print)	MAI	RIE S	opHIC	MOLIT		ATE DE ROLL	t.27/50
	Baltimore City.		Ball	o: Mrc.	4. USUAL RESID		ceased lived. It inst	itution: residence before dmission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hospit	al or institution	give street address location		N Alfordide	corporate limit, w	
0	0 0	17/17	ayni	Ru.	10	Men	N O	township)
	ength of stay	in Raltimore	63	Yrs. Mos.	2 / // 1	ESS (I rural, g	ive location)	1.
5.		OLOR OR RACE	7. SINGLE, N		1 8. DATE OF BIRT	H 9. AG		1 Yuai ii Under 24 Hours Days Hours Min.
10	A. USUAL OCCUP	ATION (Give kind of	OB, KIND O	F BUSINESS OR	11 BIRTHPLACE	State or foreign ca	7.5 2	CITIZEN OF
work	k delig during most of wor	aing life even if retired)	at	home		my.	Chang.	WHAT COUNTRY?
13	LEATHER'S NAM	ry X	ALL	R DAHL	14. MOTHER'S M.	AIDEN NAME	Jakl.	?
Yes (Yes		VER IN U.S. ARMEI f yes, give war or date	es of service)	6. SOCIAL SECURITY NO. NONE	17 INFORMANT	na au	k 2141	Harfre Re
	18. 334	Χ,		CAUSE	OF DEATH		,	INTERVAL BETWEEN
	LE.	OR CONDITION ADING TO DEA	TH	('ma	Work	reulas		9/18/50
Н	heart failure, a	mean the mode of sthenia, etc. It mes aplication which	ans the disease,	DUE TO	ucid	ent -11	umeply	ed)
	ANT	ECEDENT CAUS	SES	L	tuin	rleis	sie	7.
TION		CONDITIONS, 1		(B)	mus-ca	dist		
CAT		CONDITION		502 10	MM	akne	n.	
ERTIFICA		11		_(C) .				
CER	TRIBUTING TO	THE DEATH, BUT SE OR CONDITION	NOT RELATED					
	19A. DATE OF O			INDINGS OF OPE				20. AUTOPSY?
EDICAL	21A. ACCIDENT, HOMICIDE (S	SUICIDE.		E OF INJURY (e. g. n,factory,street,office bldg			altimore City, give	
M	21D. TIME (Mon	th) (Day) (Year)	(Hour) 21	E. INJURY OCCUR	RED 21F, HOW DII	D INJURY OCCU	JR?	
	INJURY			LE AT NOT WHILE		-1		
	22. I hereby co	rtify that / att	tended the de	ceased from	1 4 , 195	0, to 9/2	7 , 19 54 tl	hat I last saw the
-	deceased alive		_, 19_ 5 . an	d that death occ	urred at s 'SO A n 238. ADDRESS	from the cau		late stated above. 3c. PATE SIGNED
	Y - /	. IVI ac	YMW		8011	Jure	not	4/27/500
710	AA. BURIAL CREI	9/30/50	^		ERY OR CREMATORY	Baltimo	on (City, tewn, or e	(State)
D	ATE RECEIVED BY	REGISTRAR	S SIGNATURE	oudon Parl	PARTHUERAL PU	RECTOR & TOO		DRESS/
	SEP 2919F		m//illian	THE WOOD	BALTO ST37	· MD. «19	Teelie J.	Spiel
1	VS 150	- 0	- 100				/	X20
				TOWN TO BE IN				0 - 00



+ 1	563						50 000	3	
200	8299		BA	LTIMORE CITY H	HEALTH DEPART		000	3	
В	RTH NO.			CERTIFICAT	TE OF DEAT	H Register	red No		
	NAME OF DECEAS	ED an	dre	w Des	nnert	2. DATE OF DEATH	Sept 27/50		
	PLACE OF DEATH: Baltimore City, M	Taryland 18	07 6	Colonettes	4. USUAL RESIDE			e sion)	
B. He				tion, give street address location	c. CITY OR TOWN	Cafayette ave	Dultimore Rose limits, write RURAL and towns	give	
1	10		0		150	Elimore	1-06	mip)	
c.	ength of stay in		Rife	Yrs Mos Day	1000	ESS (If rinal, give location of hafayel	te ave		
5	Wale W	hete	7. SINGL	E. MARRIED, VED, DIVORGED (Special SWEA)	8. DATE OF BIRTH	- last pirthdas	y) Months Days Hours 1	Hours Min.	
1 C worl	A. USUAL OCCUPAT I done during most of working	ION (Give kind of life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTR		State or sfreign country)	12. CITIZEN OF	FRY7	
13	FATHER'S NAME	χ	1		14. MOTHER'S MA	IDEN NAME			
	audnew.	Denner	t		Merdon	name not la	roun		
(Ye		IN U. S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	0 11	ADDRESS		
	no l	No		1 no	Mrs Melle	cossect.	107- hafage	C.	
	18. 4/5 Oc	CONDITION	OIDECT! V	CAUSE	OF DEATH	00	ONSET AND DI	EATH	
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Glassal Arterio Soleronio								
	heart failure, asth injury or compli								
	ANTEC	CEDENT CAUS	ES		en Ale	1916			
0	DISEASES OR C	ONDITIONS, IF	ANY, GIVI	(B)	neight	1792			
AT	UNDERLYING C	ONDITION LAS	STATING T ST.	HE DUE TO	2	1			
ERTIFICA			1	(c) Jan	crear of high	+ lucte toe -	- 1943.		
RT	OTHER SIGNIFI	II CANT CONDIT	TIONS CO	N -	200				
CE	TRIBUTING TO THE TO THE DISEASE	OR CONDITION	CAUSING	IT. ••••••	all all				
AL	19A. DATE OF OPE	RATION D 19	s. MAJOR	FINDINGS OF OPI	ERATION		20. AUTOPS		
EDICA	21A. ACCIDENT, SU HOMICIDE (Spec	JICIDE.	21s. PL	ACE OF INJURY (e. g	, in or 21c. WHERE D		City, give exact location)		
MEL	- 4	re-	about nome,	iarm, iactory, street, omce bid	g., etc.) TRIGRY OCCO	K f			
	7 ID. TIME (Month)	(Day) (Year)		21E. INJURY OCCUR		INJURY OCCUR?			
			m.	WORK NOT WHIT	K	x 6 = 1 = 1			
	22. I hereby certi	CALALL	Ca		194	. 41 //	1959, that I last saw		
	deecased alive on	7/10/	, 19.50	and that death oee	23B. ADDRESS	, from the eauses and	on the date stated ab		
	J.4	1 Neow	n	м. D.	1938 Ke	uden ave	9/27/5	0	
710 TI	A. BURIAL, CREMA- ON, REMOVAL (Specify) OURIAL	9/29/50		New Cathe		Baltimore,	Md. (St	ate)	

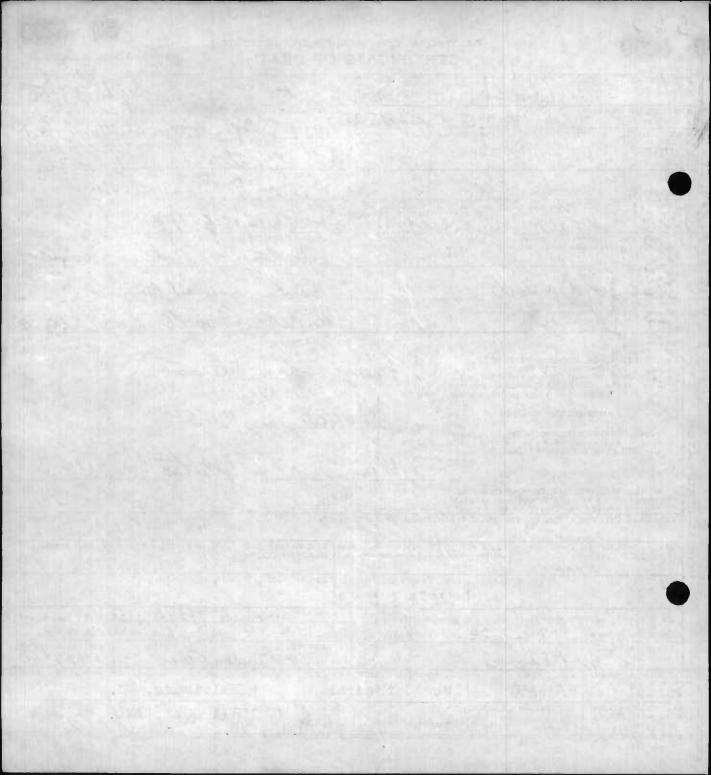
REGISTRAR'S SIGNATURE

huntry for Williams HA

VS 150

DATE RECEIVED BY LOCAL REGISTRAR

ADDRESS



300	BALTIMORE CITY HE		Registered	0 8300
1. NAME OF DECEASED (Type or Print) HARRY		SEPH WOOD	2. DATE OF DEATH	27/50
B. FULL NAME OF (If not in hospithospital or INSTITUTION SOUTH BALTO	tal or institution, give street address or	A. USUAL RESIDENCE A. STATE Maryland C. CITY OF TOWN R. L.	(Where deceased lived, If B. COUNTY	before admission
ength of stay in Baltimore 5. SEX 6. COLOR OR RACE	LIFE Yrs. Mos. Days	D. STREET ADDRESS	le Ave.	
Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	A PRINTED BIRTH A PRINTED BIRTHPLACE (State of	76 -45- 74	If Under 1 Year on this Days Hours Min
work done during most of working life, even if retired. OWNET 13. FATHER'S NAME	Specialty store	Baltinore 14. MOTHER'S MAIDEN		USA WHAT COUNTRY
James 15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give wer or date	SECURITY NO.	Catherine	Downs 159 Riversia	eorAsse - 30
18. 422./		Mrs. Jennie 1 OF DEATH	M. Wood	INTERVAL BETWEE
LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me- injury or complication which	TH of dying, e.g., ans the disease.	E CARDIAC DE	COMPENSATION	M Yf HRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO

ENERALIZED PATERIOSCLEROSIS.

INGUINAL HERNO

198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) ebout home, ferm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)

9/27 1950 that I last saw the 22. I hereby certify that I attended the deceased from. 1950, to 27, 19.50, and that death occurred at 10 22m., from the causes and on the date stated above. deceased alive on 2

23A SIGNATURE

238. ADDRESS

23c. DATE SIGNED

24A. BURIAL, CREMA-TION REMOVAL (Specify) DUTIAL

Loudon Park Cem.

240 LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

ADDRESS

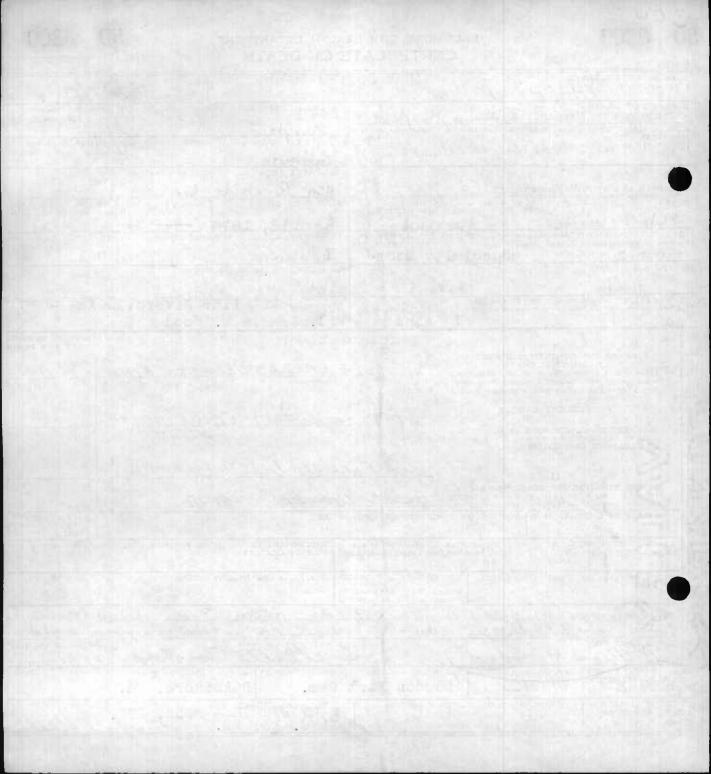
VS 150

ERTIFICATION

MEDICAL

2906 C

20. AUTOPSY



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

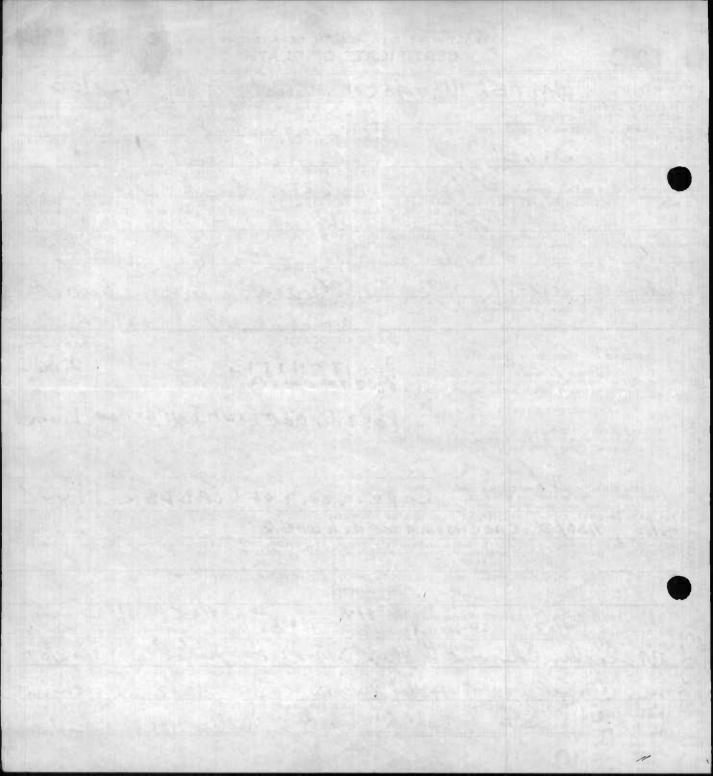
gistared No.

USIRTH NO.	E OF DEATH
1. NAME OF DECEASED	/ 2. DATE
(Type or Print) Joseph Kapelan (Typ)	Kapelanczyk of Leath 27 1950
A. Baltimore City, Maryland Balta Md	A. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	maryland , AL
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limit to the R/RAL and give township)
2631 frant and	Baltimarl
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In yours It linder) Yest Il linder 24 Hours
WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under 1 Year II Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even ifretired) INDUSTRY	WHAT COUNTRY?
13. FATHER'S NAME	Poland Poland
	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	an fenour
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	her Pelagia Xilly Kapelan (Tyl
18. 420./ CAUSE	OF DEATH 26311 dail and interval Between onset and Death
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Jana Thrombosis 9/14/01
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,	oronny or a
injury or complication which caused death.) OUE TO	1 0 4 //-
ANTECEDENT CAUSES	home Musendites 1/1/50
O DISEASES OR CONDITIONS, IF ANY, GIVING	, , , , , , , , , , , , , , , , , , , ,
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
	werd ge Intrio. Scherosis 1/1945
[E] [I] _(C) VEC	WALL 35 SINTHOS SOLOTION
OTHER SIGNIFICANT CONDITIONS CON-	
U TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	AATION 20. AUTOPSY?
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bidg., c	
HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
MHILE AT NOT WHILE	
m. WORK AT WORK	au 1 1950to law 27150 that I last says the
I hereoff certify that I detended the deceased from	rred at 130 P.m., from the causes and on the date stated above.
	A 236 DATE SIGNED
William J. Ky Banek. M.D.	8014 / enword m 9/28/50
24A. BURIAL, CREMA: 4B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, of Junty) (State)
Burial Sep 30 1950 Holy Rose	ary cem Baltimore County
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
SEP 23 1930 tuntum or / Milater Miles	John h. Wever 4010. Chester
VC 150	, m

+232

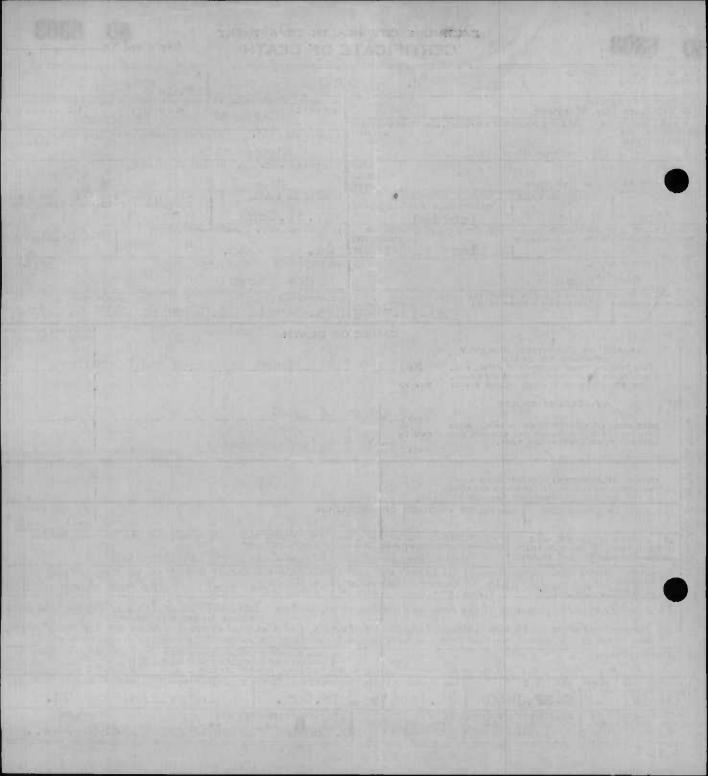
BALTIMORE CITY HEALTH DEPARTMENT

B	RTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF DECEASED	11		2. DATE	
		USTASCH		OF 4/2	3/50
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If inst	before admission)
В.	FULL NAME OF (If not in hospital or instit	ution, give street address or		nd	
	STITUTION .	location)	c. CITY OR TOWN	f outside corporate imits	rit RURAL and give township)
1	Jina.		Baltin		· · · · · · · · · · · · · · · · · · ·
		Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	
	Zength of stay in Baltimore SEX 6. COLOR OR RACE 7. SING	Days Days		un street	4
3.	WIDO	WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years fi linde last birthday) Month	B Days Hours Min.
10		ranned	11. BIRTHPLACE (State or	0 50	
MOL	done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY		foreign country) 12	. CITIZEN OF WHAT COUNTRY?
15	Lalias dong	share man	Balten	are !	4.0.9.
1	FATHER'S NAME		14. MOTHER'S MAIDEN	Janes January	Lough
0	Vistay Watach		Theresa	Januch	austhu
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or nnknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
			Michalina W	Tach 2217	Bank X
	18. 18/X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH	Y 2-0			0.0
	(This does not mean the mode of dying, e	e. g., (A)	HONLIS	***************************************	Aa.
	heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ith.) DUE TO PNE	ITONITIS		
	ANTECEDENT CAUSES		0	. 5	1 0
Z		(B) O.S.	PERATIO	ETWEELING	I wh.
F	DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING	ING			
FICATION	UNDERLYING CONDITION LAST.				
Ē	1	(C)			
RTI	OTHER SIGNIFICANT CONDITIONS C	on-	R	-11-0	1 7
CE	TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED CARCI	NOMA OF B	LADDEK	14
7		R FINDINGS OF OPER			20. AUTOPSY?
Y			LADDER	To the Date of the Control of the Co	YES NO
EDIC,		LACE OF INJURY (e. g., i e, farm, factory, etreet, office bldg.,		(If in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?	
	FINJURY	WHILE AT NOT WHILE			
	m.	61	الم	9/28 , 19 50	had I land own the
	22. I hereby certify that I attended the deceased alive on 1/27, 19	e deceased from and they death occur	mod at 12 • 50 m from	the causes and on the	hat I last saw the
	23A. SIGNATURE	, and they death occur	B. ADDRESS		3c. DATE SIGNED
	Malcolu Cdwa	- Oullan	Sinai Hay	nitel	9/28/50
2.	AA BURIAL, CREMA- ON, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town, or	county) (State)
1	Brusial Oct 2 1950	Holy Ros	Jary Cen	Baltiman	County
B	ATE RECEIVED BY REGISTRAR'S SIGNAT	TURE C	25 PUNERAL DIRECTOR	IA.	DDRESS
-	SEP 29 1950 Huntington 14	Mitaud X (1)	John & mel	ver 4011. C	hester 1.
-	VS 150	6-1-	/ · · · · · · · ·		- 0 3
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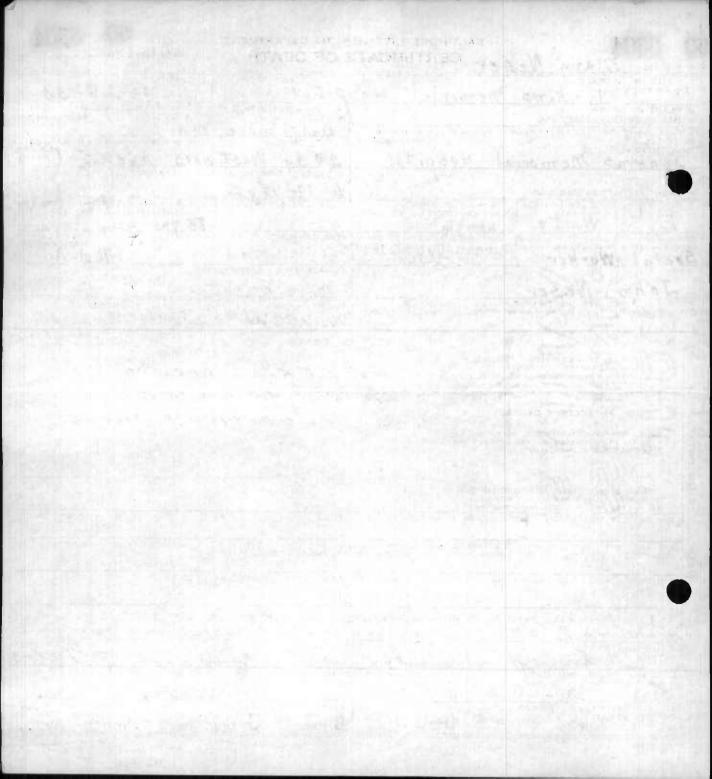


-	-		BA	LTIMORE CIT	Y HE	ALTH DEPART	MENT		1.2	COOLO	
Q.	BTH NO.					OF DEAT		Registere	d No		
_	RTH NO.										
	NAME OF DE ype or Print)	CEASED T	nomas	н.	GC	DRSUCH	2.	of Sept	. 26,	1950	
	PLACE OF DE Baltimore C	ity, Maryland				A. STATE Mar		deceased lived	d. If institu	ution : resider before admi	
HC	FULL NAME O SPITAL OR STITUTION	OF (If not in hospit	al or institu	tion, give street addi	ation)	c. CITY OR TOWN		de corporate li	Ltimor imits, writ	te RURAL an	
ú		St. Agnes Ho	spital				nsville		231	tow	nship)
	ngth of st	ay in Baltimore			Yrs. Mos. Days	D. STREET ADDRE	e In The		,		
5.	The state of the s	6. COLOR OR RACE		E, MARRIED,		8. DATE OF BIRTH	1 9.7	AGE (In years			
	Male	White	Ma	rried		Aug.31,186	33	87			9 9
		UPATION (Give kind of working life, even if retired)			STRY	11. BIRTHPLACE (S		country)		VHAT COUN	
13	. FATHER'S N.	A. A. C.	Maldo	ry Machin	ery	CO.	Md.			35	
13		Known				Not Kno					
15	. WAS DECEASE!	EVER IN U. S. ARME	D FORCES?	16. SOCIAL		17. INFORMANT	JVVII	-	ADDRE	cc	
(Yes	, no or unknown)	(If yes, give war or date	s of service)	220-12-75	NO.	Mrs. Carrie	E.Go	rsuch			ver
	18. E9	02.0		CAL	JSE C	OF DEATH		1 6 6 7		NTERVAL BET	
		E OR CONDITION	DIRECTLY							MOL: AND	DEATH
	(This does	LEADING TO DEA not mean the mode		. Multir	ole 1	lacer tions,	abrasio	ns and	contus	sions	
	heart failur	e, asthenia, etc. It mes complication which	ans the disea	se,	***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***************************************			********
		ANTECEDENT CAU	SES	Face	+	of dayl					
z		OR CONDITIONS,		NG	cure	of skull		•••••••		***************************************	
ERTIFICATION		IE ABOVE CAUSE (A)		c, Cere	bral	l arterioscl	erosis	***************************************			
2		11								555 100	
		GNIFICANT COND									
	TO THE DIS	SEASE OR CONDITION					••••••			***************************************	********
C	19A. DATE OF	OPERATION 1	9B. MAJOR	R FINDINGS OF	OPERA	ATION				YES N	SY?
CAL	21A, EXTERN.	AL CAUSE WAS	21B. PL.	ACE OF INJURY	(e. g., in	or 21c. WHERE D	ID (If in R?	Baltimore Cit	y, give ex	-	
ED	HEING LI C	HUSE OF DEATH.	H	ome-House i	n th	ne Pines-Cat	onsville	, Maryla	and	5300	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? to cellar step Sept. 26, 1950 at to make the control of the remains described above, held an Inspection & Inq. thereon a Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day state and death in my opinion resulted from: natural causes [], aecident [], suicide [], homicide [], undetermined									ndow		
								ereon and	from		
								y stated a	bove,		
	23A. SIGNAT		1		77.	23B. CHIEF ME ASSISTANT ME	DICAL EXAM	IINER		TE SIGNED	
2.4	A. BURIAL, CI	weey /X.	die	240 NAME OF CE	METER		STIGATOR		Sept.		950 (tate)
TIC	REMOVAL (Sp Burial	9-29,1	950	St. John's		is.Cem.		sville		Md.	,
DA	TE RECEIVED	BY REGISTRAR	SSIGNATI	Ulauk) ME		Howard S	11 4.	207 W.		RESS AVE	/,

V S 151 N-803.2 186a V



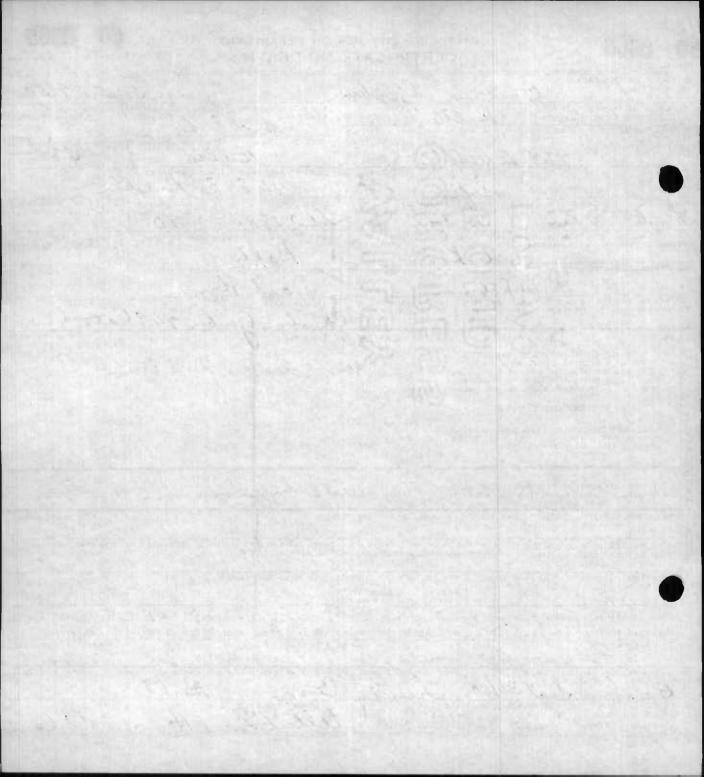
	260			r.o.	ALINE VIEW			
Ü	ma. E.1/. a C		ALTH DEPARTMENT	Registered No.	8304			
1.	NAME OF DECEASED		, ,	2. DATE				
	PLACE OF DEATH: PLACE OF DEATH:	rial Hos	PITAL	DEATH 9-2	.8-50			
A.	Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)			
H	FULL NAME OF (If not in hospital or institution, DSPITAL OR)	location)	c. CITY OR TOWN (If	outside corporate limits,				
	Jenkins Memorial Ho		2939 West		15-00 (hip)			
	Length of stay in Baltimore	Yrs. Mos. Days	6-19-1862	rural, give location)	0			
	SEX 6. COLOR OF RACE 7. SINGLE, N		8. DATE OF BIRTH	9. AGE (In years) If lin last birthday) Mont	der I Year It Under 24 Hours hs: Days Hours Min.			
10	F. White sing)	e	11. BIRTHPLACE (State or fo	88 Vrs.				
TOT		Cathopic or Liles	ond.	reign country)	2. CITIZEN OF WHAT COUNTRY?			
13	FATHER'S NAME	16168	14. MOTHER'S MAIDEN NA	AME	אי אי אי			
	John V. Neser		many melas	he				
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 8, no or ooknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	m. molled m	10.) 2939 W	oress			
-	18. 422.1	CAUSE	OF DEATH	2,0,1.10	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
Y	injury or complication which caused death.) DUE TO CARDIO - UBSCULAR 1015 CBSC							
Z	ANTECEDENT CAUSES	(B) C	CONGESTI	VE FAIL	UPE			
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO						
NO.	SINDENERING GONDINGS EASI.							
RTIF	OTHER SIGNIFICANT CONDITIONS CON-	(C)						
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	***************************************			.			
AL	19a. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER	ATION		YES NO			
EDICA		OF INJURY (e. g., in a factory, street, office bidg., e		f in Baltimore City, giv				
ME				A OCCUPA				
	FINJURY	E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCURY				
	22. I hereby certify that I attended the de	ork AT WORK	1 150 to 9	- 28 1950	that I last saw the			
	deceased alive on 7/28, 1950, an	d that death occur	red at 3.36 An., from t	, , ,				
	23A. SIGNATURE	16 1 2	3B. ADDRESS	- Class	23c. DATE SIGNED			
2	4A. BUHAL, CREMA- 24B. DATE 240 ON, REMOVAL (Specify)	C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, of	county) (State)			
I E	10-2-1950 C	athedral		ltimore,	Md.			
L	OF AL REGISTRAND REGISTRANDS SIGNATURE	Mar I and	Showard Stron	g 3207 W.Nor	ADDRESS			
=	Vs 150		de noward Stron	S OROI W. NOI				
					927			



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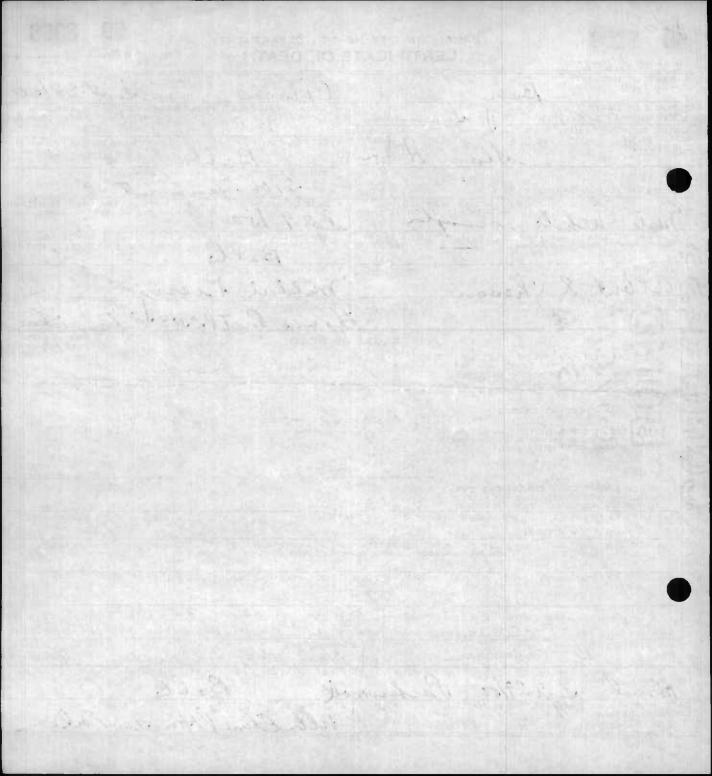
BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.			CEI	KIIFICAI	E OF DE	AIM	itt Bistere.	Q 110.	
(7	NAME OF Drype or Print)		Barbar	ph. I	gerbe	9	1	2. DATE OF DEATH	ept2	1/50
	Baltimore	EATH: City, Marylan	d Bul	(2)	1	4. USUAL RE	SIDENCE (W	Where deceased lived	If institution bef	: residence ore admission)
8.	FULL NAME		hospital or institut	ion, gi	ve street address or location)	1	sele (C	, sei-		
	ISTITUTION	47	8 EBId	111		c. CITY OR TO	OWN (II	outside eorporate li	mits, write RL	RAL and give township
		10	o LNIG	0 10	Yrs.	O. STREET AL	DRESS (If	rural, give location	0	
C.	ength of s	tay in Baltimo	ore Ref		Mos. Days	4	128 8	E Bedd	le	
5.	SEX	6. COLOR OR R	MIDOM		RRIED, IVORCED (Specify)	8. DATE OF B	IRTH	9. AGE (In years last birthday)	Months Days	H Under 24 Hours Hours Min.
10	A. USUAL OC	CUPATION (Give	kindoft 108 KINE	-	BUSINESS OR	11. BIRTHPLA	CE (State or to	oreign country)	110 61717	150.05
TOF	k done during most	of working life, even if	retired)	0	INDUSTRY	R	. // X	reign country)	12. CITIZ WHA	T COUNTRY
13	B. FATHER'S	VAME	lac s	15	ne	14. MOTHER'S	MAIDEN NA	AME		
			W. L. Co.			Da	. X. 16	let des		
15	MAS DECEAS	ED EVER IN U.S.	ARMED FORCES? or detes of service)		SOCIAL	17. INFORMAL	VT	The fire	ADDRESS	
((11 304, 8110 mai	or deleas of services		SECURITY NO.	Chreaten	~ aus	ben 949	Cale	aux
Ī	18. 4	20.0,			CAUSE	OF DEATH	0		INTER	VAL BETWEEN
	The second secon	SE OR CONDIT	ION DIRECTLY		5 6		,	01	UNSET	AND OEATH
	(This does	LEADING TO	node of dying, e. g	Z+4	(A) and	no Sele	tu	Head Disc	an .	
	injury or	complication wh	It means the diseas nich caused death	e, .)	DUE TO					
		ANTECEDENT	CAUSES							
Z	DISEASE	S OR CONDITIO	NS, IF ANY, GIVIN	ıc	(8)		*******************	***************************************		
Ĕ	RISE TO T	HE ABOVE CAUSE	E (A) STATING TH	IE (DUE TO					
2					(C)			***************************************		***************************************
1		Н				/		A SHAREST AND		
田田	TRIBUTING	TO THE CEATH,	ONDITIONS CON BUT NOT RELATE	D	N	wild he	Hether	silvan		7
U		F OPERATION	TION CAUSING I	_	INGS OF OPER				1.20	AUTOPSY?
AL		, or enamon	138. 117301		711103 OF OF ER	ATTON			YES	No T
Σ		ENT WAS UND			F INJURY (e. g., i			f in Baltimore Cit		
1EI	CAUSE OF	R CONTRIBUTII DEATH	VG about nome, i	erm, rec	tory, street, office bldg., o	injury o	CCURY			
-	O. TIME	(Month) (Day) ((Year) (Hour)	21E. II	NJURY OCCURR	D 21F. HOW	DID INJURY	OCCUR?		
1			m.	WHILE A	NOT WHILE					
	22. I hereb	y certify that	I attended the	decea	sed from	april 5,1	935 to 1	Sept 27, 19	SD that I	last saw the
	deceased a	live on 263						he causes and or		
	23A. SIGNA		1 40:		1.0, 2	38. ADDRESS	Red	L. la	23c. DA	TE SIGNED
2	4A. BURIAL.	CREMA- 24B, DA	ATE I	24C/N	M. O.	RY OR CREMATO	DRY 24D L	OCATION (City, to	wn. or county)	(State)
	ON REMOVAL (S		4.30/50	7 1000	4 3	Po-	240.20	B-07	, 01 00 000,	(Diace)
	ATE RECEIVE		RAR'S SIGNATU	IRE	Merity	25 FUNERAL	DIRECTOR	, succe	ADDRES	S
L	OCAL REGIST	RAR	金、海、蜀	ul	MUE MUSE	alle	100	0 Homes	2 mis G	0.
_	VS 150	1950'	Ji				- John	a rome	1	^
									62	15



BALTIMORE CITY HEALTH DEPARTMENT

ВІ	RTH NO.	0-19271		OLIVIN IOATI	L O. DEATH		
	NAME OF I		ch		Chesser	2. DATE OF DEATH	lys 28/82
	PLACE OF I	DEATH: City, Maryland	1	1	4. USUAL RESIDENCE	Where deceased lived. B. COUNTY	If institution: residence before admission)
В.	FULL NAME		tal or instituti	on, give street address or	mel	5. 5551(1)	A Sea
	STITUTION		1 .	location)	C. CITY OR TOWN	If outside corporate lin	mits, write BURAF and give
	47		Sear	w Hosy	Ba	lo	6 O Convitation
				Yrs. Mos.	D. STREET ADDRESS	f rural, give location)	III BURE STATE
6.		stay in Baltimore		Days	2/060	aunon	T-E.
5.	mule	6. COLOR OR RACE	7. SINGLE WIDOW	ED, DIVORCED (Specify)	S. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
		CCUPATION (Give kind of working life, even If retired			11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
HOLL	done do ting mos	tor working the, even it retired		INDUSTRY	Bell		WHAT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
	alle	ARCL	****		med !	Mens.	
15	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	2204	ADDRESS
(10	, no or unknowa	(If yes, give war or dat	es of service)	SECURITY NO.	Yaman Pay	-0.222 VF	T. Plan.
	18. 77	3 ^		CALISE	OF DEATH	20000 00	INTERVAL BETWEEN
	11	SE OR CONDITION	DIDECTIV	CAUSE	OF BEATH		ONSET AND DEATH
		LEADING TO DEA	TH	Pa	protonixis 5	, conday	
	heart fail	es not mean the mode lure, asthenia, etc. It me	ans the diseas	e,			
	injury o	r complication which	caused death	.) DUE TO			
		ANTECEDENT CAU	SES	A.4	a secretivis.	exploratory	
6	DISEASI	ES OR CONDITIONS.	IF ANY, GIVIN	(B) /03	- Formy	-copied to	
F	UNDERL	THE ABOVE CAUSE (ALL YING CONDITION L	STATING TH	E DUE TO			
õ				gar			
H		n		(C) V	miney		
ER		SIGNIFICANT CONE					
Ü	TO THE	DISEASE OR CONDITIO	N CAUSING I	Τ	•••••••••••••••••••••••••••••••••••••••	***************************************	
۲	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	210 ACCUE	- /5-50 DENT. SUICIDE.	1 21n DI A	CE OF INJURY (e. g., i	n or 21c, WHERE DID	(If in Baltimore City	y, give exact location)
EDICA	HOMICIDE			arm, factory, street, office bldg.,		(11 III Baitimore On,	,, give chace ideason,
ME	O.I. TILLET	(Month) (Day) (Year	\(\text{Vann}\)	21E. INJURY OCCURR	ED 21F, HOW DID INJUI	BY OCCUP?	-0.5040000000000000000000000000000000000
	F INJURY	(Month) (Day) (Teal			D ZIF. NOW DID INSO	KI OCCOKI	
h			m.	WORK NOT WHILE		0	
	22. I here	by certify that I at			- 9 19 50to		that I last saw the
	deceased o		19 50,	and that death occur	rred atm., from	the causes and on	the date stated above.
	23A. SIGNA	ATURE CA	el	2	Singi Hospi	J. 8 0 0.1	23C. DATE SIGNED
2	4A. BYRIAL.	CREMA- 24B. DATE	1	M. D.	0111-1		
TI	ON, REMOVAL	(Specify) Sept 2	9/50	Parkurs	Dr.	Balts	
	ATE RECEIV	ED BY REGISTRAF	'S SIGNATU	RE	25 FUNERAL DIRECTOR	27.1	ADDRESS
	SFP 25	1950 Thouter	afor M	Ulasuch Mall	Willeddine	Altone 2	064thles
	VS 150		60	- Alternative Co. St.			/

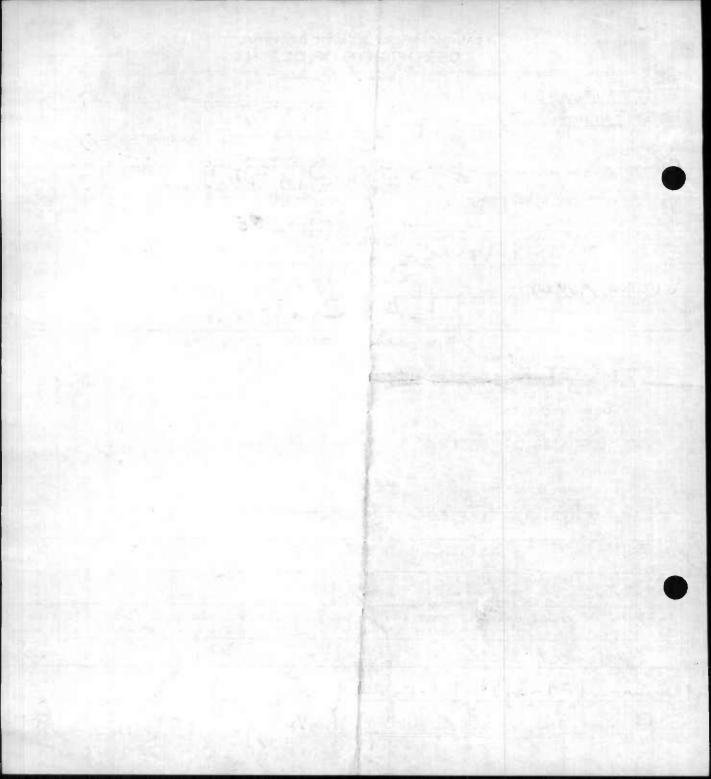


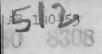
452

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

v	W 00	74	C	ERTIFICATI	E OF DEATH	Registe	ered No
-	RTH NO.						
	NAME OF E	MARGARET	WILLI	AMS.		2. DATE OF DEATH	Seft 27. 1950
Α.		City, Maryland S	07 Burg	undy St-	A. STATE	(Where deceased li B. COUN	ved. If institution : residence ITY before admission)
H	FULL NAME DSPITAL OR ISTITUTION	OF (If not in hospit	tal or institution,	give street address or location)	C. CITY OR TOWN (lf outside corp	te finits, write RURAL and give township)
c.	Length of s	stay in Baltimore	Dut.	3 5 Yrs. Mos. Days	D. STREET ADDRESS	If rural, give locat	Con.
	Jen Jem	6.COLOR OR RACE			Set 27 - 85	9. AGE (In Ve	ears if Under I Year if Under 24 Hours ay) Months Days Hours Min.
10 work	A. USUAL OC done during most	CCUPATION (Give kind of of working life, even if retired)	10B, KIND 0	F BUSINESS OR INDUSTRY	000 1	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	SUL CL	NAME AMIS			14. MOTHER'S MAIDEN	Pouls	
	. WAS DECEAS			6. SOCIAL SECURITY NO.	17. INFORMANT W	lson 1	3 10 W. Congress &
	18. 4	50:0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	0 -	1		ONSET AND DEATH
		LEADING TO DEA	TH	(A) Ur	ternosceros	S	1 41
	heart fail	ure, asthenia, etc. It me complication which	ans the disease,	DUE TO			
	311,321,7						
z		ANTECEDENT CAU	SES	(8)			
0	DISEASE	S OR CONDITIONS,	F ANY, GIVING	DUE TO			
RTIFICATION		YING CONDITION L					
FIC				(C)			
ZT!	OTHER	II SIGNIFICANT COND	ITIONS CON-				
CEF	TRIBUTIN	G TO THE OFATH, BUT	NOT RELATED				
				INDINGS OF OPER	ATION		20. AUTOPSY?
AL		0					YES NO
EDICAL	21A. ACCID HOMICIDE	ENT. SUICIDE, (Specify)		E OF INJURY (e. g., i ,,factory,street,office bldg.,		(If in Baltimore	City, give exact location)
Σ		(Month) (Day) (Year) (Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	INJURY			LE AT NOT WHILE			
	22. I here	by certify that I at		0	8 7 . 1949, to	Seft 27	, 19 50, that I last saw the
		0 11 0		d that death occur	0 / 1 / 1	1.	d on the date stated above
	234. 516NA		0 1		3B. ADDRESS	01 0	23C. DATE SIGNED
	94	Calonald	Dando	м. о.	2445 Wrund Hu	of and	19-28-50
2.	AA. BURIAL.	Specify)	150 m	NAME OF CEMETE	HY OR CREMATORY 240.	Tang.	, town, or county) (State)
	ATE RECEIVE	TRAR	SIGNATURE	EL ON O V	21 FUNERAL DIRECTOR	6 1391	U. Hamley 84.
7	VS 150	4					

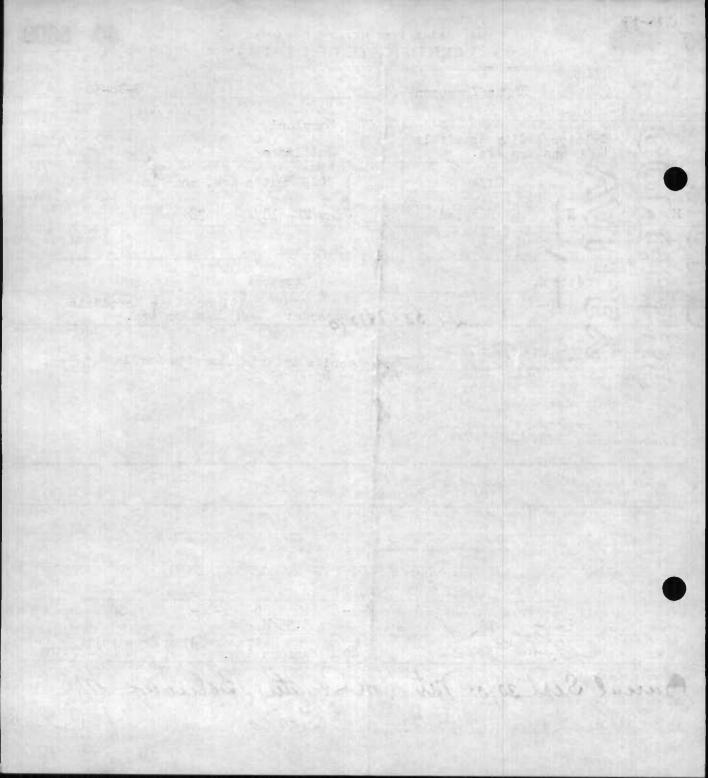




BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.								
1. NAME OF DI					2. DATE OF	0/ 10		
3. PLACE OF D		ufus Th	ompson	I A HOUAL PROIDENCE (3)	DEATH 7-	26-50		
A. Baltimore C	ity, Maryland			4. USUAL RESIDENCE (W	B. COUNTY	before admission)		
B. FULL NAME HOSPITAL OR			on, give street address or location)		4-13			
INSTITUTION	Baltimore C 4940 Easter		pitals	c. CITY OR TOWN (If Baltimore	outside corporate in	its, write RVRAL and give township)		
31	4940 Paster	U was.	Yrs.	D. STREET ADDRESS (If	rural give leastion)			
	tay in Baltimore	Life	Mos. Days	2025 Ruxton Ave	e. zone 16			
5. SEX	6. COLOR OR RACE	7. SINGLE WIDOW Marr	. MARRIED. ED. DIVORCED (Specify) ied	June 22- 1872	9. AGE (In years last birthday)	If Under I Year If Under 24 Hours Months Days Hours Min.		
10A. USUAL OC ork done during most o	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S N	IAME			14. MOTHER'S MAIDEN NAME				
	Joseph			Margaret				
15. WAS DECEASE Yes, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Racords: 4940 I	more City Ho	afertals.		
(This does heart failu injury or DISEASES RISE TO T	LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA	FH of dying, e.g ns the disease eaused death. GES FANY, GIVIN STATING TH) DUE TO Vascul	ensive Arterioscl ar Disease	erotic Card	io 3 yrs.		
TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	Pulmonary	Emphysema		3yrs.		
19A. DATE O			FINDINGS OF OPER	RATION		20. AUTOPSY?		
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, fa	CE OF INJURY (e. g., i arm, factory, atreet, office bldg.,	n or 21c, WHERE DID (Inter.) INJURY OCCUR?	f in Baltimore City,	, give exact location)		
21D. TIME (Month) (Day) (Year)		HILE AT WORK AT WOPK		OCCUR?			
22. I hereb	u certify that I att	ended the	deceased from 8-	7- , 1950, to 9-	-26- 19	50 that I last saw the		
deceased al		1950	and that death occur	rred at 5.55PM., from t				
23A. SIGNAT	TURE OF C	Vogen	M. D. 2	238. ADDRESS Baltimor 1940 Eastern Ave.	re City Hosp	1 21's DATE SIGNED		
24ALEBURIAL, OTTO REMOVAL (S	al Sept	30/50	nt of cemete		alluion (City, tow	ml		
SFP 291		S SYGNATU	15 0 0	La Grooks		1463 M. Curys		
VS 150		(3)						



6	0000	EALTH DEPARTMENT E OF DEATH Registered No	8309				
	NAME OF DECEASED Appe or Print) August Street	2. DATE OF DEATH SEAT	26,1950				
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if inst a. STATE B. COUNTY	itution : residence before admission)				
H	FULL NAME OF (If not in hospital or institution, give street address of location STITUTION Johns Hopkins Hosp.		rite EBRAL and give (ownship)				
c.	Yrs. Mos. Days Days	D. STREET ADDRESS (If rural, give location)					
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	Jan 1, 1898 last birthday) Months	1 1 2				
Worl	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) aborer A. USUAL OCCUPATION (Givekind of long, kind of Business or INDUSTR Construction	Baltimore, Md	WHAT COUNTRY?				
13	Leure Green	Rosa Dam					
	. WAS DECENSED EVER IN U. S. ARMED FORCES? (If yoe, give war or dates of service) NO NO 218-10-195	JONNS HOPKINS HOSE					
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A)	of DEATH soma of Urinary Idder - Widespread	INTERVAL BETWEEN ONSET AND DEATH				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
EDICAL C	19A. DATE OF OPERATION 3 19B. MAJOR FINDINGS OF OPE	in or 21C. WHERE DID (If in Baltimore City, give	20. AUTOPSY? YES NO exact location)				
Σ	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR INJURY MHILE AT NOT WHILE m. WORK AT WORK	E	=,*				
22. I hereby certify that I attended the deceased from 9-12, 1960, to 9-26, 1960, to							

, 1956, and that death occurred at \$50 Pm., from the causes and on the date stated above. deceased alive on_ 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE

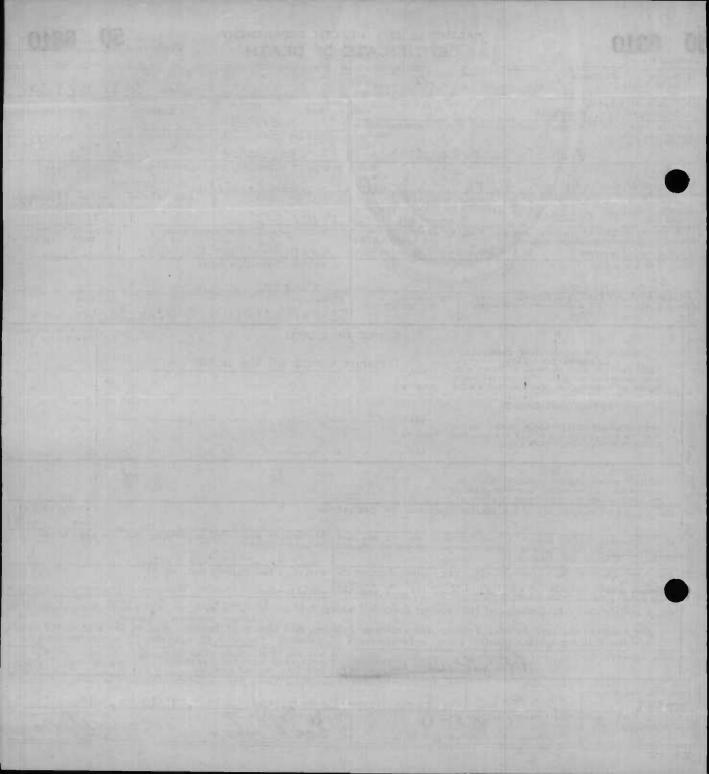
24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE

Balto. Md 9/30/50 M Burial
DATE RECEIVED BY
LOCAL REGISTRAR Auburn ADDRESS

VS 150

- 1 1 1 1 1 1 mg ATTACH HOLLENGE

11	300						
1	3346)	BAI		EALTH DEPARTMENT	73	0 8340
В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered N	0
1.	NAME OF E					2. DATE OF	
	PLACE OF D	EDW	ARD	WHITE	D 4 HOUR DEGIDENCE (Wh	DEATH Sept	25, 1950
A	Baltimore (City, Maryland			4. USUAL RESIDENCE (Wh	B. COUNTY	before admission
H	FULL NAME OSPITAL OR	OF ('f not in hospit	al or institut	tion, give street address or location)		utside corporate limits	write RURAL and give
11	NSTITUTION	Franklin	Sauare	Hospital	Baltimore	18	- township
				Yrs. Mos.	D. STREET ADDRESS (If ru	ral, give location)	
C		tay in Baltimore	40yrs	Days		ngton Avenue	
5	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)		last birthday) Mon	Under 1 Year H Under 24 Hours this Days Hours Min.
10	Male	CUPATION (Give kind of		Married of Business or	11. BIRTHPLACE (State or force	64	12. CITIZEN OF
WOF	k done during most	of working life, even if retired)		INDUSTRY		_	WHAT COUNTRY
13	Storeke B. FATHER'S I	NAME .	Groci	ery Business	Westmoreland 14. MOTHER'S MAIDEN NAM	Co. Va. I	U.S.A.
	Jas	White			Martha		
15 (Ye	5. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
N		No			Clara White(W)2	20 N.Arlir	ngton Ave
	18.	976X		CAUSE	OF DEATH	1000	ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA			t wound of the hea	4	
	heart failt	s not mean the mode oure, asthenia, etc. It mes	ns the diseas	g., (A)	or would or one nea	······································	*******
	injury or	complication which		h.) DUE TO			
		ANTECEDENT CAUS	SES	(B)			
O		S OR CONDITIONS, I		NG		***************************************	
ATI	UNDERL	YING CONDITION LA	AST.	(C)	******	1	***************************************
RTIFICATION		11					
RTI		GIGNIFICANT CONDI					
CEI		F OPERATION		FINDINGS OF OPER	ATION		20, AUTOPSY?
L	ISA. DATE C	OF CI EKATION .	00,				YES NO X
CA	21A. EXTERI	NAL CAUSE WAS	2 IB. PLA	ACE OF INJURY (e. g., i	n or 21c. WHERE DID (If	in Baltimore City, g	ive exact location)
EDIC	UTING []	CAUSE OF DEATH.	11	ome		on Avenue	
Σ	Sept.	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE		OCCUR?	
			OU A en.	WORK AT WORK		on 0. Inquire	-
						spection or Inquiry	
	the even	idence obtained by eath in my opinion	resulted	opsy, Inspection or l from: natural cause	Inquiry, find that said dec \square , accident \square , suicide \square	d, homicide 🔲, u	ndetermined [].
	23A. SIGNA	TURE	75F	when M	238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX MEDICAL INVESTIGATOR	AMINER	ept. 25, 1950
	4A. BURIAL.				RY OR CREMATORY 240, LO		or county) (State)
B	urial	9/29/5			Cemetery Belt	o. County,	Md.
	OCAL REGIST	RAR Jam audia	S SIGNATU	iante (Miss	Chas Hurker	512 Can	ollow/
] v	S 151	N803.2		29061	4	164	f c



BI	35 RTH NO.		2	ВА			EALTH DEPAR		Reg	istered No	0	8311
(T	NAME OF D ype or Print)		Jus	lith	. F)	riea	lman		2. DATE OF DEATE	Cent	28	1950
	Baltimore (aryland				4. USUAL RESID	DENCE (V	Vhere deceas			n : residence efore admission)
H	FULL NAME OSPITAL OR				tion, give stree	t address or location)		W (If	outside corp	orate lielte	18	URAL digive
IN	STITUTION	7020	ns hopkin	o bookill			Hac	ben	100	CBU	\/	township)
			4E-11-1			Yrs. Mos.	D. STREET ADDE	RESS (14	rural, give l	ocation)	T	
C.	sex		Baltimore	17 SINDET	E, MARRIED	Days	s 438 Colonial lei.					
6	nale	wit	ute	Willow	WED, DIVERS	ED (Specify	4-16-	50	last bir	thday) Mo		Hours Min.
work	A. USUAL OC	CUPATI Forking I	ON (Give kind o life, even if retired	10B. KIN	D OF BUSIN	ESS OR INDUSTRY		(State or fo	oreign country	1,4		IZEN OF AT COUNTRY?
13	FATHER'S	NAME	*	1			14. MOTHER'S M	AIDEN N.	AME	1	15	
15	. WAS DECEASE	ens	amer	v to	reedn	nan	Selm	2		0		
(Yes	, no or unknown)	(If you	, give war or dat	es of service)	16. SOCIA SECUF	RITY NO.	17. INFORMANT	SHEGG	MOPKIAS	ADI	DRESS	(35)
	18.	756	1.6			CALIEE	OF DEATH		THE PARTY I	angrilt	IINTE	RVAL BETWEEN
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	LEADII not med re, asther complication ANTECI OR CO	CONDITION NG TO DEA an the mode nia, etc. It me ation which EDENT CAU ENDITIONS. (E CAUSE (A) ONDITION L	ATH of dying, e. ans the disea caused deat SES IF ANY, GIVI D STATING T	g., (A) se, h.) DUE TO	Op	eration mgenito	nfe ac i	n Hia	NT L	ONSE	ET AND DEATH
ERTIF	OTHER S	IGNIFIC TO THE	II CANT COND	ITIONS CO	N- ED							
Ü		SEASE C	OR CONDITION	CAUSING		OF OPER	PATION	7	-/	-	. 1	MAITODEV2
AL	9/	28	3	ISB. MASON	da	nspo	Sitin Al	breas	t Ves.	sels	YES	AUTOPSY?
EDICAL	21A. ACCID LYING OF CAUSE OF	R CONTI	AS UNDER- RIBUTING		ACE OF INJU				f in Baltim	ore City, giv	e exac	location)
Σ	21D. TIME ((Month)	(Day) (Year		21E. INJURY	NOT WHILE		D INJURY	OCCUR?			
	22. I herch	u cortit	n that I at	tanded the	deceased f	AT WORK	120 ,195	0 to 9	120	10/0	that I	last saw the
	deceased al	ive on		19 10	and that de	eath occur	rred at 10 19m		he causes			stated above.
	23A. SIGNAT	TURE	PN	han			38. ADDRESS	IONES DE	PRINS NO		2304	TE SIGNED
2.4 TIE		REMA-	24B. DATE 9-79	1000	24C NAME C	001	RY OR CREMATORY			City, town, or	eounty	(State)
DA	TE RECEIVE	D BY	REGISTRAR		URE	711	25. FUNERAL DI	RECTOR	10	A	DDRE:	SS AC
L,C	SEP 29	1950	tutiva	ton Nu	iatus, 11	10	Lac & Be	ver a	e 21	00 6	itis	w/X
	VS 150		T.			11			+ 48		15	75

a strate of the street of Market Sales Cherotianica Day - John Jak - 2008 IB Sidney of Johnson Heliche . I 420

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No.

BIRTH NO.	CERTIFICATE	OF DEATH	Registered	No.
1. NAME OF DECEASED THE WILL	LIAM I	KEIHES	2. DATE OF DEATH	-28-50
a. Baltimore City, Maryland 17016	Clemont St	4. USUAL RESIDENCE	Where deceased lived, I B. COUNTY	f institution: residence before admission)
B. FULL NAME OF (If not in hospital or instit HOSPITAL OR INSTITUTION TEMBEL V	ution, give street address or location)	C. CITTOR TOWN	If outside corporate I m	it write RURAL and give township)
c. Hength of stay in Baltimore	Yrs. Mos. Days	D. STAGET ADDRESS (I	f rural, give location)	aue
Male White m	LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last hirth lay)	H Under I Year H Under 24 Hours Ionths Days Hours Min.
10A. USUAL OCCUPATION (Giveking of 10B, KII) (Giveking of 10B, KII) (Giveking of 10B, KII) (Giveking of 10B, KII)	ND OF BUSINESS OR INDUSTRY	11. BIRTHELACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (1f yes, give war or dates of service)	16. SOCIAL SECURITY NO.	DINFORMANT/	1000	ADDRESS
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA	(B)	sum of A	-altinia puil.	INTERVAL BETWEEN ONSET AND DEATH
194. DATE OF OPERATION 198. MA-C	R FINDINGS OF OPER	ATION		20. AUTOPSY?
2 (A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hom CAUSE OF DEATH	LACE OF INJURY (e. g., in the farm, factory, street, office bldg, e.	or 21c. WHERE DID to.) INJURY OCCUR?	(If in Baltimore City,	YES NO give exact location)
D. TIME (Month) (Day) (Year) (Hour) INJURY m.	21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJUR	RY OCCUR?	
22. I hereby certify that I attended the deceased alive on 7/26, 19	e deceased from and that death occur	red at / 205 m from		that I last saw the the date stated above.
123A. SIGNATURE Jacks) M. D.	Les Compage	rough, get	23c. DATE SIGNED
24A BURIAL, CREMA- TION REMOVAL (Specify) 9-79-50	24C. NAME OF CEMETE	lale	Cocat Cocto	- Md
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR SEP 291950	Liste And	CLE REGION	De 2100	Eutow R
A CONTRACTOR OF THE PROPERTY O				

A Company of the second 234131

BALTIMORE CITY HEALTH DEPARTMENT

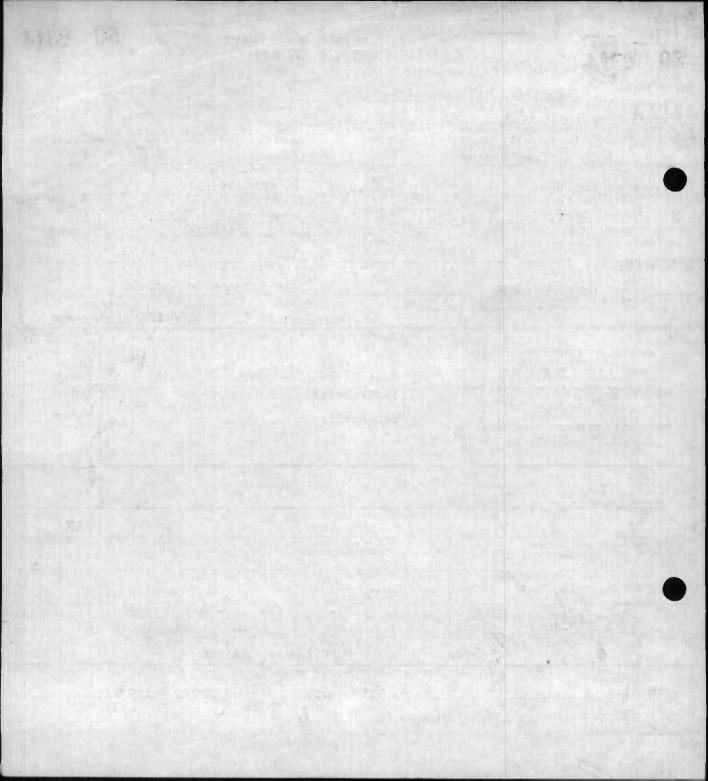
001.5	CERTIFICAT	F OF DEATH	Registered No	USSIS
BIRTH NO.	OLKIII IOATI	E OF BEATTI		
1. NAME OF DECEASED (Type or Print)	ROSIN	SKY	OF DEATH	19-50
3. PLACE OF DEATH: A. Baltimore City, Maryland 2476	Shurley av	A. STATE	Vhere deceased lived. If in B. COUNTY	nstitution: residence bufori admission)
B. FULL NAME OF (If not in hospital or institution) HOSPITAL OR (Institution) Lower Comments of the comments	Home	c. CITY OR TOWN	outside corporate imit.	write RURAL and give township)
c. Length of stay in Baltimore	45 Yrs.	3507 Lec	rural give location)	u Kd
emple white 1/10	E, MARRIED, WED, DIVORCEM (Specify)	8. DATE OF BIRTH		nder I Year If Under 24 Hours the Days Hours Min.
O USUAL OCCUPATION (Give kind of 10B. KIN of Jone during most of working life, everyll retired)	ID OF BUSINESS OR INDUSTRY	II. BISTAPLACE (State or for	oreign country)	2. CITIZEN OF WHAT COUNTRY?
Mostore 1		14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, oo or uokoown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	Mrs. Kasus	Ky 3804/	DESS MA DO LA
18. 443 %	CAUSE	OF DEATH	1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diser injury or complication which caused dea	s, (A) Hyper	0	odor Desere	ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	ING	roslovi		
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA-	TED			
	R FINDINGS OF OPER			20. AUTOPSY?
A				YES NO
	ACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e		If in Baltimore City, gi	ve exact location)
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR?	Bank
m.	WORK LAT WORK	1 .50 /		
22. I hereby certify that I attended the deceased alive on fight 7, 19 so	. and that death occur	red at 12 3/m., from t	pr 29, $19\sqrt{6}$, he causes and on the	that I last saw the date stated above.
a Daniel & Ashioasty	M. D.	23 20 Eutow P	love o	9/29/50
TION, REMOVAL (Styley) 9-29-50	24C. MAME OF CEMENT	SWEET 24D. L	Calle Country town, o	r eounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR SFP 291950 Lucturation Williams	URE O O	SE ENERAL IRECTOR	e 2/00 G	address R
VS 150	//			

Jelynsen Hung 28 PORTO THE REAL PROPERTY AND ADDRESS.

H 52 REA-141897 BALTIMORE CITY HEALTH DEPARTME CERTIFICATE OF DEATH BALTIMORE CITY HEALTH DEPARTMENT

50 8314

BIRTUN	O. Carlotte	200 20	10/				
1. NAME (Type or	OF DECE. Print)	ASED		iams Eleanors	2	OF DEATH 9-24	- 50
A. Baltin	NAME OF L OR Ba	Maryland	ty Hosp		A. USUAL RESIDENCE (WA. STATE Maryland c. CITY OR TOWN (If Baltimore	Where deceased lived. If B. COUNTY	f institution: residence before admission) (s) where RURAL and give township)
	h of stay	in Baltimore		Yrs. Mos. Days	717 W. Fayette		
Fem.	ale	Negro	WIDOW S:	e, MARRIED, VED, DIVORCED (Specify) Ingle	Sept. 23, 1950	last birthday) M.	Il Under 1 Year on the Days Hours Min.
ork done dur	ing most of wor	ATION (Give kind of king life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland		12. CITIZEN OF WHAT COUNTRY
13. FATH	ER'S NAM	E			14. MOTHER'S MAIDEN NA		
		John Willi			Eleanora M	arie Carroll	
Yes, no or u	nknown) (I	/ER IN U.S. ARME! I yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					Records: B. C. H	. 4940 Easte	rn Avenue
(T) hes inj	LE, his does not trt failure, a: ury or com ANT BEASES OR E TO THE A IDERLYING HER SIGN BUTING TO	PR CONDITION ADDING TO DEAT mean the mode of thenia, etc. It mea plication which of FCEDENT CAUS CONDITIONS, I BOVE CAUSE (A) CONDITION LA III IFICANT CONDITION THE DEATH, BUT SE OR CONDITION	TH of dying, e. g. ns the diseas caused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) Premate Due to	nital Atelectasis torial Hemorrhage centricular Hemorr arity		lday 1 day 1 day 1 day
194. [DATE OF O	PERATION V 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
LYIN CAUS	G OR CO	WAS UNDER- NTRIBUTING TH	(Hour)	ACE OF INJURY (e.g., in factory, street, office bldg., e.g., in the street, office bld	to.) INJURY OCCUR?	If in Baltimore City,	give exact location)
						OI:	
22. 1	hereby ee	rtify that I att	tended the	deceased from 9-	23- , 1950, to 9-	-24 <u>, 15</u> 0	
1		on 9-24	, 1950	and that death occur	23- red at 4 P	he causes and on t	the date stated above
	SIGNATUR	SU. C	roge	22 M.D.	4940 Mastern Aven	iue	236. DATE SIGNED
Cren	RIAL, CREN OVAL (Special nation	(y)		B. C. H. Cres	natory Balt	imore, Maryl	and
DATE RE	REGISTRAR	1_0-0-000	S SIGNATU	RE//	25. FUNERAL PIRECTOR	3	ADDRESS
VS	150		60				



50 8315 BIRTH NO.	BALTIMORE CITY HE		Registered N	50°	8315
1. NAME OF DECEASED EVELYA	/ EPPS		2. DATE OF SEP	+27.	1950
a. Baltimore City, Maryland OS B. FULL NAME OF (If not in hospital or HOSPITAL OR	institution, give street address or location)		ere deceased lived. If B. COUNTY	institution bef	: residence ore admission)
INSTITUTION HUS	OPKINS EOSNOOD	BALTIMORE	atside corporate limit	s, write Ru	township)
c. Sigth of stay in Baltimore /2	yes. Mos. Days	331 W. PRES			
FEMALE COLORED	SINGLE, MARRIED, VIDOWED, DIVORCED (Specify) MARRIED	8-12-12	9. AGE (in years last birthday) Mo	tinder I Year on the Days	If Under 24 Hours Hours Min.
work done during most of working life, even if retired) HOUSEWIFE	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZ WHA	EN OF T COUNTRY
John Jackson		14. MOTHER'S MAIDEN NAM			
15. WAS DECEASED EVEN IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of ser	(CES? 16. SOCIAL SECURITY NO.	17. INFORMACIT HOURS RE	PKIKS BUSPITEL	DDRESS	
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy) heart failure, asthenia, etc. It means the injury or complication which caused	ng, e. g., (A) Chronie disease.	e unclosed les			VAL BETWEEN ANO OEATH
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE CEATH, BUT NOT TO THE DISEASE OF CONDITION CAU	RELATEO				1

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

YES V NO 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH P. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

NOT WHILE WHILE ATT WORK

1950, and that death occurred at 4450m. , 1950, that I last saw the 22. I hereby certify that I attended the deceased from deccased alive on am., from the causes and on the date stated above. 23A. SIGNATURE 23C DATE SIGNED

24c. NAME OF CEMETERY OR CREMATORY

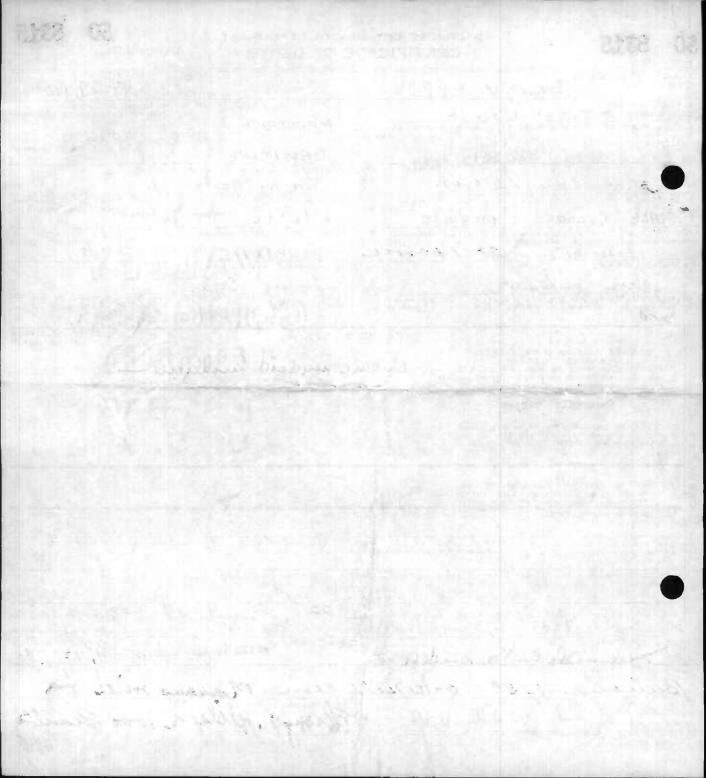
24A. BURTAL, CREMA-TION BEMOVAL (Specify)

DATE RECEIVED BY

20. AUTOPSY?

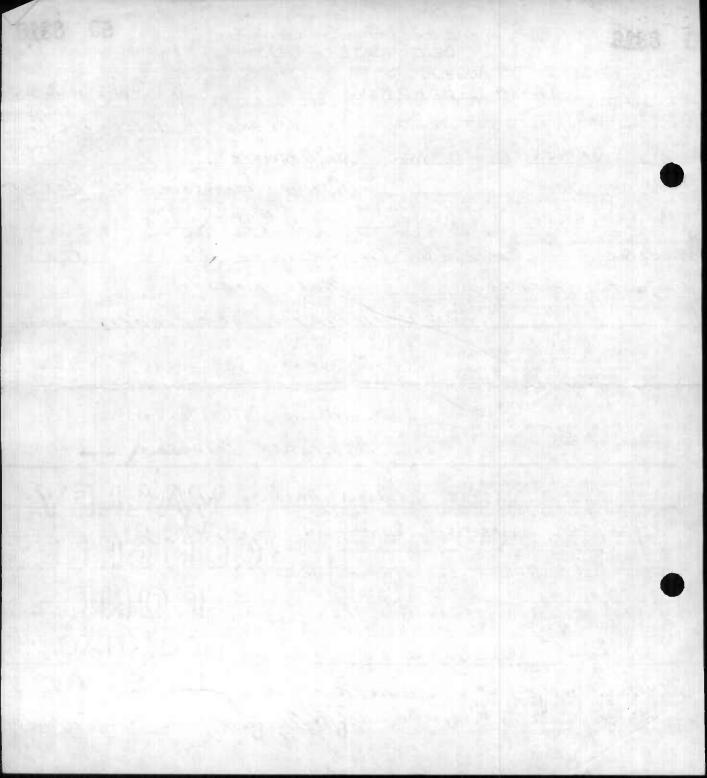
LOCAL REGISTRAR VS 150

MEDICAL



n		HEALTH DEPARTMENT 50	0 8316
В	IRTH NO. CERTIFICAT	TE OF DEATH Registered No.	000
	NAME OF DECEASED Type or Print) RVIN (ENDRIN	2. DATE OF DEATH SEDTEM	har 26.1550
Α.	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	before admission)
H	FULL NAME OF (If not in hospital or institution, give street address of solution of street address of street address of solution of street address of solution of		rite RURAL and give
	JNIVERSITY HOSPITAL	Locatorsville	township)
C.	Yrs. Mos. Day	Partition Da	Box 25
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (in years) If linds	er Year If Under 24 Hours s: Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR		. CITIZEN OF
1	Ak done during most of working life, even if retired) HUDZ TO C AMERICAN OIK 60 B. FATHER'S NAME	14. MOTHER'S MALDEN NAME	USA.
1	Pugustus Hendeix	Mary Donsor	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDE	RESS
-		OF DEATH	- Same
	DISEASE OR CONDITION DIRECTLY	OF BEATH	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	OROWARY THROMBOSIS	3 days
	ANTECEDENT CAUSES		2
NO	DISEASES OR CONDITIONS, IF ANY, GIVING	gerteusive Cardio-Vascular Dis.	
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	spiration Preumonia	6 hours
FIC	(C)	3///14/100	
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	al Anevism haft Leg	4 moule
	194. DATE OF OPERATION / 198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
DICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6. 8.	ir or 21c. WHERE DID (If in Baltimore City, give	YES NO
ш	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg		
Σ	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR		
	m. WHILE AT NOT WHILE AT WORK AT WORK	E	
	22. I hereby certify that I attended the deceased from 9	a Table	hat I last saw the
	deceased alive on 4/26, 1950, and that death occi		date stated above
	Charles 1. (Auderam M.D.)	University baptil	7/26/50
TIC	4A. BURIAL, CREMA- ON REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or o	State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR AL	DDRESS
	FP 291950 Tentily for Alliquis Me	Allibert & Son 1.300	P 1 11.

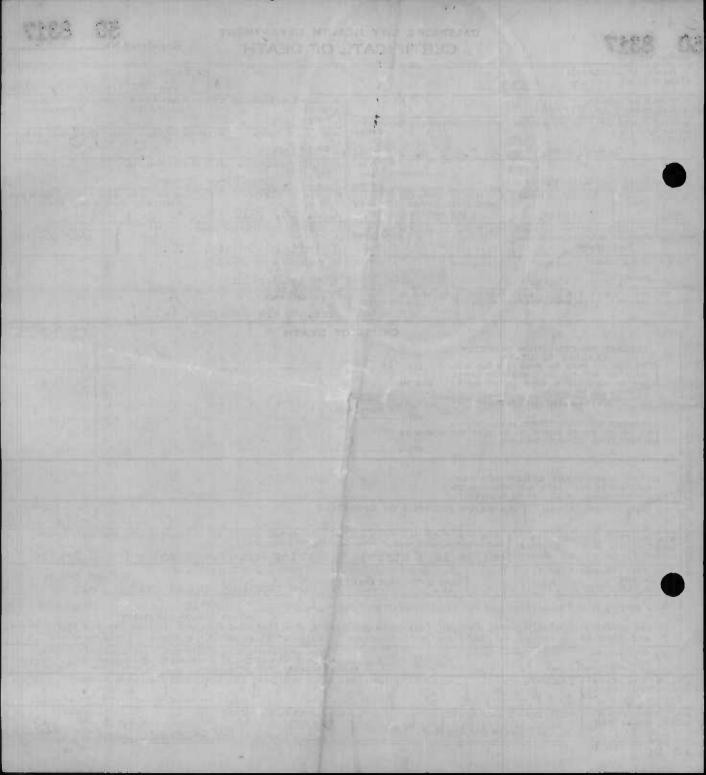
SEP 291950 VS 150



BALTIMORE CITY HEALTH DEPARTMENT

50 8317

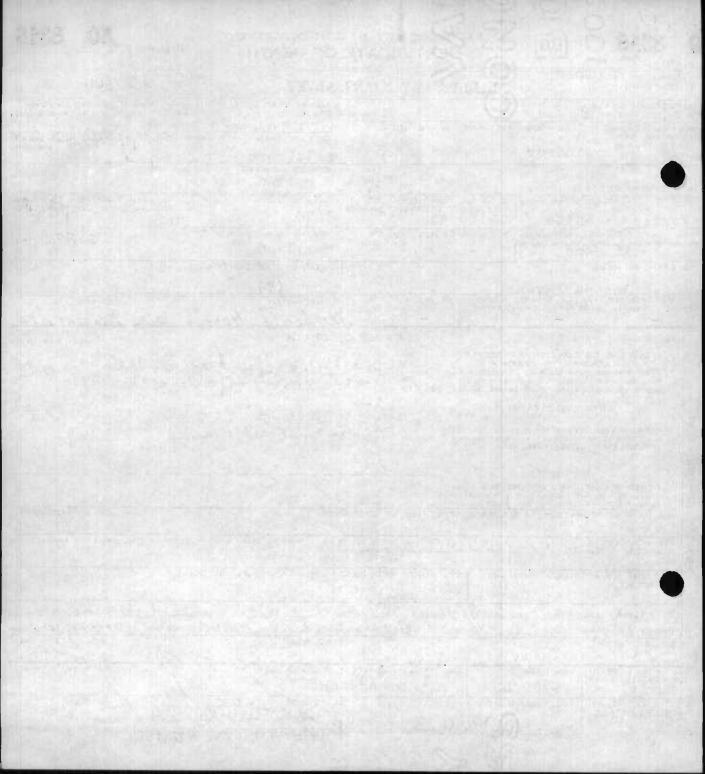
B	- 831	7	C	CERTIFICATI	TE OF DEATH Registered No.					
	NAME OF D Type or Print)		MPSON				DATE OF DEATH Sept	ember	27, 1950	0
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDE			If institutio		
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institutio	n, give street address or location)	c. CITY OR TOWN	(If outsi	de corpogate lin	nits, write(
		erring Run un	der B.&	0 r.r. bridg	Baltimore			-00	township	p,
d	ngth of s	tay in Baltimore		Yrs. Mos. Days	721 N. Car					
	nale	6.COLOR OR RACE		MARRIED, D, DIVORCED (Specify) Pried	B. DATE OF BIRTH	9. 4	ast birthday)	if Under 1 Year Months Day	ys Hours Mir	n.
10	A. USUAL OC	CUPATION (GivekInd of		OF BUSINESS OR	11. BIRTHPLACE (S				IZEN OF	
ror		of working life, even if retired) OPER		INDUSTRY	Fairfield (County, S	S.C.	WH	AT COUNTR'	Y
13	FATHER'S	NAME			14. MOTHER'S MA					
		seph Thompson			Carrie Mart	tin				
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARMET (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
					Mrs. Mable	Thompson	n (wife)			
	18. E	929.5		CAUSE	OF DEATH				ERVAL BETWEE	
		SE OR CONDITION LEADING TO DEA	TH	n	3 3					
	heart failt	s not mean the mode oure, asthenia, etc. It mea	of dying, e.g. ins the disease,		ed law	······································	•••••		•••••	•••
	injury or	complication which	aused death.	DUE TO						
		ANTECEDENT CAUS	SES	Drownir	n <i>g</i>					
Z	DISEASE	S OR CONDITIONS,	F ANY, GIVING	(B)	ī.A	***************************************			********************	
Ĕ	UNDERL'	THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE							
FICATION				(C)					***************************************	•
	OTHER S	II SIGNIFICANT CONDI	TIONS CON-							
ERTI		TO THE GEATH, BUT			***************************************	*******				
ū	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION				. AUTOPSY?	
AL.			1 01- 51 16	CE OF INJURY (e.g., in	or 21c. WHERE D	ID (If in	Baltimore City		s X NO L	-
EDICAL	UNDERLYIN	NAL CAUSE WAS	about home, far	m, factory, street, office bldg., e	to.) INJURY OCCU	R?		0	16-49	f
ME		(Month) (Day) (Year)	127 7000	into stream	Herring Ru			3 & U E	sridge /	
2	Septer	mber 24,1950	2 WI		x While run		T	water b	elow to	
	22. I certi	fy that I took char	ge of the r	emains described a	bovc, held an	autops			on and fro	n
	the cv	idence obtained by eath in my opinion	said Autop	osy, Inspection or I	inquiry, find that	said deccas	etion or Inquir scd died on homicide [],	the day	stated abov	e
	23A. SIGNA		. Du	· lackur	238. CHIEF ME ASSISTANT ME D. MEDICAL INVE	EDICAL EXAM	INER	23c. DATE		
2 TI	4A. BURIAL.	CREMA- 24B/ DATE Specify)	ott/502	St beta	RY OR CREMATORY	240. LOCAT	Store	s c	y) (State)
	ATE RECEIVE OCAL REGIST		S SIGNATUR		25 FUNERAL DIR			OO B	SS	
			200 AE 1 V CO 11	APPENDING TO THE PARTY OF THE P	77) 1/	11 / / / / /	1- 10	100	III UN.	



VS 150

BALTIMORE CITY HEALTH DEPARTMENT

BIR	TH NO.		CE	ERTIF	ICATI	E OF DEATH	Registered	No	
1. N (Typ	AME OF DE	ECEASED	LILLIE	E MAY	EVAN	S ALVEY	2. DATE 9/2	7/50	
	LACE OF DE	ity, Maryland	V-2-			4. USUAL RESIDENCE A. STATE	(Where deceased lived, I B. COUNTY		: residence ore admission)
B. F HOS	ULL NAME (SPITAL OR TITUTION				address or location)	c. CITY OR TOWN (od Street If outside corporal line	rts, write Rt	LRAL and give township)
c. 1	ength of st	ay in Baltimore			Yrs. Mos. Days	d. street address () Maryland	If rural, give location)		Name 1
5. S	ex male	6.COLOR OR RACE White	7. SINGLE, M WIDOWED, WIDOWE	ARRIED. DIVORCE		8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year Conths Days	If Under 24 Hours Hours Min.
10A ork d	one during most o	CUPATION (Give kind of f working life, even if retired) HOMO	10B. KIND OF		SS OR NDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZ WHA	EN OF T COUNTRY?
13.	FATHER'S N	AME				14. MOTHER'S MAIDEN	NAME		
1 12	Jo	shua Evan	S			(?)			
Yes, 1	no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	of service)	SECUR	TY NO.	MRS. EDW. J. HU	DGINS - 3/32	BELMON	MAYE
	18.	120,0			CAUSE	OF DEATH		INTER	VAL BETWEEN
	(This does heart failu	E OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mes complication which	TH of dying, e.g., ons the disease,	(A)	uyo co	which Dregener as	tion drough	cien 6	months
CATION	DISEASES	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	F ANY, GIVING STATING THE	(B)	arte	risplerois lie Type heat d	arterio.	Je ye	ra
ERTIF	TRIBUTING	II IGNIFICANT COND TO THE OBATH, BUT ISBASE OR CONDITION	NOT RELATED	(C)					
_ _			9B. MAJOR FI	NDINGS	OF OPER	ATION		20. YES	AUTOPSY?
ED	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)	21B. PLACE about home, farm,				(If in Baltimore City,	give exact	location)
Σ	N. TIME (Month) (Day) (Year,	WHIL	E AT	OCCURR NOT WHILE AT WORK	ED 21F. HOW DID INJU	RY OCCUR?		
	deceased al		tended the dec	ceased fr d that de	ath occur	red at 8-30 Pm., from		the date s	
	ANDIS AES	michel	2		M. D.	3B. ADDRESS 1015 Popler	Stove &T	Just	State)
TIOI	n Burial (S N REMOVAL (S Burial	9/30/	50	G	reenn	ount	City	/	
	FP 291		S SIGNATURE	Le Gir	110	25. FUNERAL DIRECTOR	AND SON	ADDRES	S
	VS 150	The strong	11-11-00-10			GREENMOUNT A	VE. & 22nd ST.	0	2 /



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN , (If outside corporate in its, write RURAL and give INSTITUTION 1474 REYNOLDS ST. BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Moon c. Length of stay in Baltimore 1474 REYNOLDS ST 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | H Under | Year | H Under 24 Hours | Months; Days | Hours | Min. WIDOWED DIVORCED (Specify) 8-11-1877 MARRIEL 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? PAINIER BALTIMORG-14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME AUGUSI FREdA MUELLER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, nn nr unknnwn) (If yes, give war nr dates of service) SECURITY NO. REUNOLdsSI SPANISH AMERICAN 215-10-9574 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Coronary Empoles LEADING TO DEATH (This does not mean the mode of dying, e.g., Agrettentos heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Informing Interstitual newhere RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO noas OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY

21B. PLACE OF INJURY (e.g., in nr 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, nffice bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21F. HOW DID INJURY OCCUR?

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

and that death occurred at 1 30 19 5, to Sept. 27, 1950, that I last saw the 22. I hereby certify that I attended the deceased from Set 1 deceased alive on Set 27, 195, and that death occurred at

23A. SIGNATURE

23B. ADDRESS 2878 Stargord 24c. NAME OF CEMETERY OR CREMATORY!

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

MICARMEL

REGISTRAR'S SIGNATURE

Cem 25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

ADDRESS

24D. LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

23c. DATE SIGNED

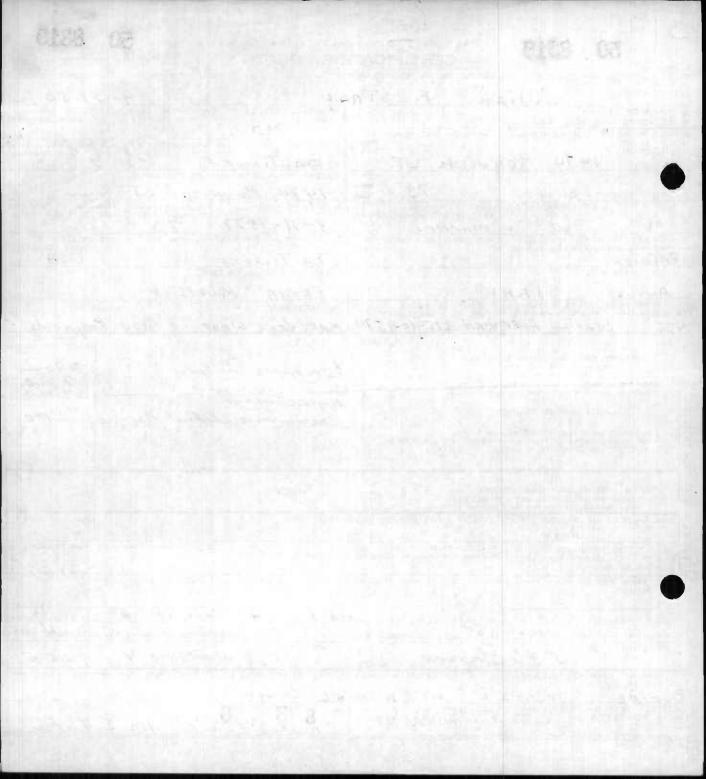
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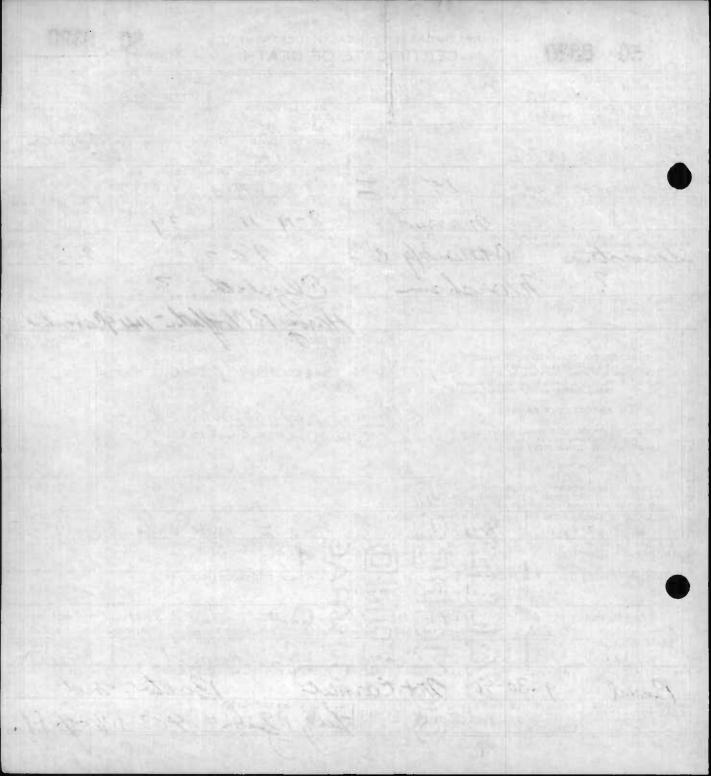
BURIAL

DATE RECEIVED BY

LOCAL REGISTRAR



Clodfelter BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY better admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits write RUKAL and give C. CITY OR TOWN INSTITUTION SINAT township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Deamoureso 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEE 18. CAUSE OF ONSET AND DEA DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING massive RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY wassive adhesions, YES Lebr. 27, 1950. LISCAR L 1 nt ke let mes Tory 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT 19_ 9/10/50. 9/27/53, 19_, that I last saw the 22. I hereby certify that I attended the deceased from_ 19 53; and that death occurred at 6 2 P.m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 240. LUCATION (City, town, or county) TION, REMOVAL (Specify) 122 100 ZUMLA DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



62 6 50 832

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register 50 8321

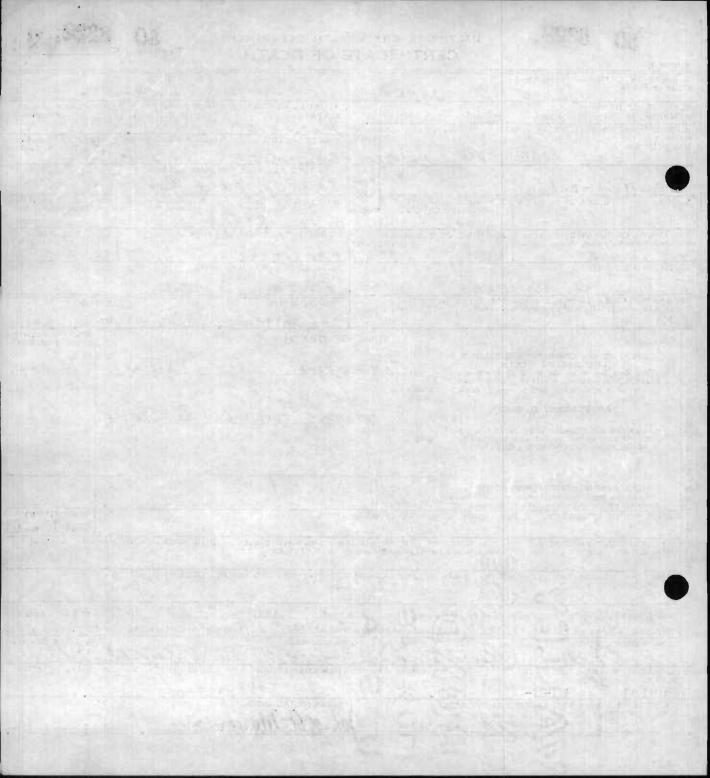
В	IRTH NO.			OLIVIII TOXVII	E OI BEATH		
1.	NAME OF Daype or Print)	ECEASED				2. DATE	
			Anna	a Drescher		DEATH 9-	-28-50
	Baltimore (City, Maryland	Bal.	to	4. USUAL RESIDENCE (Where deceased lived. B. COUNTY	If institution: residence before admission)
8.	FULL NAME		al or institut	on, give street address or	Md	3, 000,111	before admission)
II.	OSPITAL OR			location)	C. CITY OR TOWN (I	f outside corporate lin	its, write RUR L and give
		505 N. Kenwad	od Aveni	ie	Balto, Md.	-	o township)
r			10	Yrs.	D. STREET ADDRESS (I		
C	Length of s	tay in Baltimore	60 yr	S Mos. Days	3519 0' Donne	ell Street	
5	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED,	8. DATE OF BIRTH	9. AGE (In years last hirthday)	If Under 1 Year If Under 24 Hours
	F	W	Wi	dowed (Specify)	2-2-77	73 (day)	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF
WUL	a done during most	of working life, even if retired)	Hous	ewife INDUSTRY	Germany		WISAT COUNTRY
13	B. FATHER'S				14. MOTHER'S MAIDEN N	IAME	
	Ge	eorge Monius			Kinigunda Kr	atz	
15	5. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL			
(Ye	ou, oo or uoknowo)	(If yes, give war or date	s of service)	SECURITY NO.	Anna crosskopf	505 N. Ker	MOOD AVE
_		2001					
	18.	3/1		CAUSE	OF DEATH		ONSET AND DEATH
		E OR CONDITION	TH	61	1 1.0 11	1 .	
	(This does	not mean the mode ore, asthenia, etc. It mea	f dving. e. o	, (A) listes	erschutz C. V.) estare	Jan 12.1950
	injury or	complication which	aused death	DUE TO			
		ANTECEDENT CAUS	FS			_ /	1
z				(B) Car	unous of sto	reach	SAT 5195
NOIF	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	G DUE TO			
<		TING CONDITION LA		(C) Acres	A corney or	else li	11474-5
U				(C)		material Make Innove	
RTIFI		П					
ER	OTHER S	IGNIFICANT CONDS	TIONS CON	D			
Ü		ISEASE OR CONDITION					
۲		OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY1
EDICA			1 21m DIA	CE OF INJURY (e. g., in	n or 21c. WHERE DID	(If in Poltimore City	yes No
ō	LYING O	R CONTRIBUTING		arm, factory, street, office bldg., e		(II iii baltimore City	, give exact location)
M	CAUSE OF	DEATH					
1	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		Y OCCUR?	
		men	m. \	WORK NOT WHILE	- nom		
	22. I hereb	y certify that I att	ended the	deceased from	an 12 , 1950/to	At 28.19	sthat I last saw the
	deceased a	live on lest 21	1950	and that death occur			the date stated above.
	23A, SIGNA				38. ADDRESS		23c. DATE SIGNED
	1	· a. Ache	um	M. D.	8428.92	That.	9-28-50
2.	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE	1	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow	on, or county) (State)
. 1	Burial	10-2-5	10	Sacrad III	Comp	D-34	
	ATE RECEIVE	D BY REGISTRAR		Sacred He	25 FUNERAL DIRECTOR	Balto., Md	ADDRESS
L	OCAL REGIST	RAR Toutte	14 TO //	Minus / Mest	Received 1	- 403	2/oth Gl
-	70 0.0 105		40	, , , O	- James	1,00	10 9 0 1 -1
DE	C G C C S A	U			(15-)		1/ .11 0

Dr. Schemerch - East las & Ander St -9-9 boommit . If 1988 terripe Entre 14 Link Aug Gourson Toll H. Kameran Ave. 5250 8322.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8322 Registered No.

	RTH NO.			CERTIFICATI	E OF DEATH	П	Acg.steree	1110	
1.	NAME OF D	ECEASED) rman					2. DATE		
		ORAM	A.	DANEKER			DEATH 9	-27-	
	PLACE OF D Baltimore (EATH: City, Maryland	Baltir	nore	4. USUAL RESIDE	ENCE (W	here deceased lived. B. COUNTY		n: residence fore admission)
В.	FULL NAME			ion, give street address or				-	
IN	SPITAL OR			Iocation)	C. CITY OR TOWN	(If	outside corporate l	mits, write R	RAL and give township)
Ly	u L	INION ME.	MORIA	L HOSPITAL	BALTIMOR		16	2	
				65 Yrs. Mos.	D. STREET ADDRE	ESS (If)	rural, give location)		
_		tay in Baltimore		Days	307 50.				
5.	SEX	6. COLOR OR RACE		E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	1	9. AGE (ln years last birthday)		
	M	W	SING	FLE	2-6-18		65		
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	State or fo	reign country)	12. CITI	ZEN OF
10	SE MA		Coppe	// T	BALTIMOR	RE		US,	4.
13	FATHER'S	NAME			14. MOTHER'S MA	IDEN NA	ME		
17	HOMAS	O. DAN	EKER		ELIZA	SI	UTER		
15	. WAS DECEASI	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	^
(10	No or unknown)	(If yes, give war or date	I of service)	SECURITY NO.	Miss Nelli	0 7/1	Danalean	707 0	AV6
	18.	1434			OF DEATH	10	Threker		RVAL BETWEEN
		of on completion	DIRECTIV	CAUSE	OF DEATH			ONSE	ET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	CANGE	ESTIVE HE	PAPT	FAIL	25	4 DAYS
	heart failu	s not mean the mode ore, asthenia, etc. It mes	ans the diseas	se,	-9. //./ 				/
	injury or	complication which	eaused death	i.) DUE TO					
_		ANTECEDENT CAU	SES	HUPERT	ENSIVE CARD	MUAN	MAR DOS	ace.	?
RTIFICATION	DISEASE	S OR CONDITIONS,	F ANY, GIVII		ZYYYY CAKU	27795	y-77,2 V/3/E	72.	
E	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	HE DUE TO					
Ü									
느		II		_(C)					***************************************
2		GIGNIFICANT COND						904	
CE	TO THE D	ISEASE OR CONDITION	CAUSING I	т. ••••••					
L	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION				AUTOPSY?
O	ALL ACCIDE	ENT CHICIDE	L ote DL	CE OF INITION /- :	n or 21c. WHERE D	ND (I	f in Baltimore City	YES	
EDICA	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, etreet, office hldg., e			I IN DELUMINATE OIL) Bite cauc	, Joea Civil)
Σ		(Manak) (Dan) (Wann	(TZoum)	OLD IN HIDY OCCUPE	ED 21F, HOW DID	INIUDY	OCCUP?		
	INJURY	(Month) (Day) (Year	57.56%	21E. INJURY OCCURR WHILE AT NOT WHILE		MOOKI	OCCORT		
			m.	WORK AT WORK					
	22. I hereb	y certify that I at	ended the	deccased from 9 -	12 , 19.57	2, to_9	2 - 27, 19	50, that I	last saw the
			, 1950.	and that death occur		, from ti	he causes and or		
	234 SIGNA	TURE 07	12	. / /	38. ADDRESS	2 - 2 - 2	. 17/	23c. D	ATE SIGNED
	Hal	lace to	Mu	MC M. D.	nnunnu	merce	at prosper	1 0/	WALLY50
TI	ON, REMOVAL (S	GREMA- 24B. DATE Specify)		24c. NAME OF CEMETE	RY OR CREMATORY	24b. L	OCATION Wity, to	wn, or county	(State)
-	Burial	10-2-5	0	Mt. Carmel			timore	Md	
	ATE RECEIVE OCAL REGIST		SSIGNATU	JRE	25 FUNERAL DIR	ECTOR		ADDRE	SS
5	P 29100	- Junting to	Willia	312 Q = 0	Chief 63/1/10	nam	2000 T	Polts.	Ama CL
	VS 150	Ø.	1	1 /					W-0 200
				699	30			47	D



- 2				P 2915	
50 8323		TIMORE CITY HE	EALTH DEPARTMENT	50 Registered N	8323
1. NAME OF DECEASED (Type or Print) ANDREW JOS	EPH GE	RAGHTY	*	2. DATE Sept.	28, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospite	Baltim	ore	4. USUAL RESIDENCE (W		nstitution : residence before admission
HOSPITAL OR US Marine H INSTITUTION Wyman Pk. Drive & 31s	nenitel	location)		outside corporate limits	write RURAL and giv township
ength of stay in Baltimore	?	life Yrs. Mos. Days		mbard Street	
5. SEX 6. COLOR OR RACE W	WIDOW	MARRIED, ED, DIVORCED (Specify) VORCED	9/2/04	9. AGE (In years line) last birthday) Mon	Under 1 Year If Under 24 Hours ths Days Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		of Business or INDUSTRY	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY
Andrew J. Geraghty			Mary E. Moylar		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, oo or ookoows) (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US Ma		DRESS Balto, Md.
18. /62× 1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mealinjury or complication which complete the state of the	TH of dying, e. s ns the diseas	e, can a w	oma left lung witalized metastases	th	Unknown
ANTECEDENT CAUS	ES	(B)			
O DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING TH				
DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT TRIBUTING TO THE DEATH, BUT OTHE DISEASE OR CONDITION	NOT RELATE	D			
19A. DATE OF OPERATION 11		FINDINGS OF OPER	RATION		YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		CE OF INJURY (e. g., in arm, factory, street, office bldg.,		If in Baltimore City, g	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21D. TIME (Month) (Day) (Year) (Hour) NOT WHILE WHILE AT WORK AT WORK

22. I hereby certify that I attended the deceased from Sept. 11 19 50 to Sept. 28 , 19 50 that I last saw the deceased alive on Sept. 28, 19 50, and that death occurred at 3:55P m., from the causes and on the date stated above.

23A, SIGNATURE

10-2-50

23B. ADDRESS John L. Wilson, Clinical Director M. D. US Marine Hospital, Balto, Md. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY

Balto. National

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

24D. LOCATION (City, town, or county) Baltimore Md.

M 3000 E.

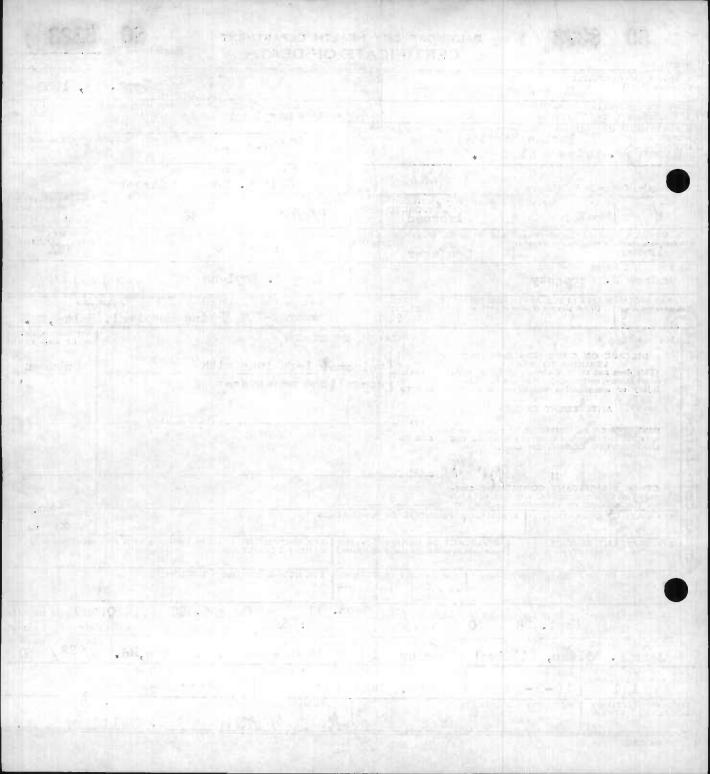
ADDRESS

_, 19_50 that I last saw the

23c. DATE SIGNED 9/29/50

DATE RECEIVED BY LOCAL REGISTRAR

V\$ 150



3 BIRTI	00 h No. 5	0 8324		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered	io 83	324	
	ME OF D	RENO CA	ATTO			2. DATE OF DEATH SE	pt. 27,	1950	
A. Ba	ACE OF D Itimore (City, Maryland	al or instituti	on, give street address or	4. USUAL RESIDENCE (WA. STATE Cali forni			: residence ore admission)	
HOSP	ITAL OR	US Marine k. Drive & 31	Hospite		c. CITY OR TOWN (If San France	outside corporate lin	mits, write RU	RAL and give township)	
	ngth of s	tay in Baltimore	?	Yrs. Mos. Days	d. STREET ADDRESS (If 2325 Jone				
5. SE.	x M	6. COLOR OR RACE	7. SINGLE WILDOW Sing	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH 3/5/07	9. AGE (In years last birthday) 43	H Under 1 Year Months: Days	Hours Min.	
		CUPATION (Give kind of of working life, eveo if retired) N	10B. KIND	of Business or INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZ WHA US	EN OF T COUNTRY!	
	ATHER'S I	Catto			14. MOTHER'S MAIDEN NA Virginia ?	AME			
15. W (Yes, oo	AS DECEAS or ookoown)	ED EVER IN U.S. ARMED (If yes, give wer or deter	FORCES?	16. SOCIAL SECURITY NO. 549-22-7330	17. INFORMANT ADDRESS Records-US Marine Hospital, Balto, Md.				
RTIFICATION	(This does heart failt injury or DISEASE RISE TO T	SE OR CONDITION LEADING TO DEA's not mean the mode core, asthenia, etc. It mea complication which complication with the complication which complication with the complication which complication which complication which complication with the comp	TH of dying, e. g ons the disease caused death. SES F ANY, GIVIN STATING TH	(B)	mary arterioscler lusion; myocardial and recent		n	known w months	
閚	TRIBUTING	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.D T					
EDICAL		ENT. SUICIDE. (Specify)	218. PLA	CE OF INJURY (e. g., ic arm, factory, street, office bldg., e	o or 21c. WHERE DID (I	f in Baltimore City	YES	NO location)	
2:	INJURY	(Month) (Day) (Year) on certify that I att live on Sept. 27	m. m.	ville at NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK deceased from and that death occur	t. 27 1050 to S			last saw the	
Je Z4A. TION,	BURIAL, REMOVAL (S	Wilson, Clin	ical Di	would 2	US Marine Hospita		23c. D	ATE SIGNED 8/50	
LOCA	RECEIVE REGIST	D BY REGISTRAR		0,0000	French Della	hoer 3	12S,	igh St	

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Fred Gross

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	der de la constante de la cons				
			Sept. Freedom		S. P. Serbiller - Mrs. A. Chapter Life St. Serbille
at recent Artis			0521-02-141		
	tristlib, salignibat June (E.I.driv, 192	ratal.			
					no comment - Santamana

10-20-50 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO I. NAME OF DECEASED OF Sept. 28 2. DATE (Type or Print) Agnes B. Lohr 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUBAL and give INSTITUTION 905 Poplar Hill Road Baltimore o. STREET ADDRESS (If rural, give location)
905 Poplar Hill Road

Yrs. Mos. yrs. igth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED Femal e WIDQWED, DIVORCED (Specify)

Vidow 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR INDUSTRY

work done during most of working life, even if retired) 13. FATHER'S NAME

(Yes, no or unknown)

18.

RTIFICATION

DICA

Berg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH 1859 9. AGE (In years Months Days Hours Min. April 22,1860

Newark. N. J. 14. MOTHER'S MAIDEN NAME

17. INFORMANT

Unknown

21c. WHERE DID

INJURY OCCUR?

CAUSE OF DEATH

Mrs. Wilson Wing, 905 Poplar Hill Rd

11. BIRTHPLACE (State or foreign country)

Arterioskopsis

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

11

21A. ACCIDENT WAS UNDER-

21D TIME (Month) (Day) (Year) (Hour)

LYING OR CONTRIBUTING

CAUSE OF DEATH

INJURY

21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.)

> WHILE AT WORK

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

23c. DATE SIGNED

12. CITIZEN OF

WHAT COUNTRY?

ONSET AND DEATH

, 196 to 201. 28 , 1950 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 122, 1950, and that death occurred at 11. 20 m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS

REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

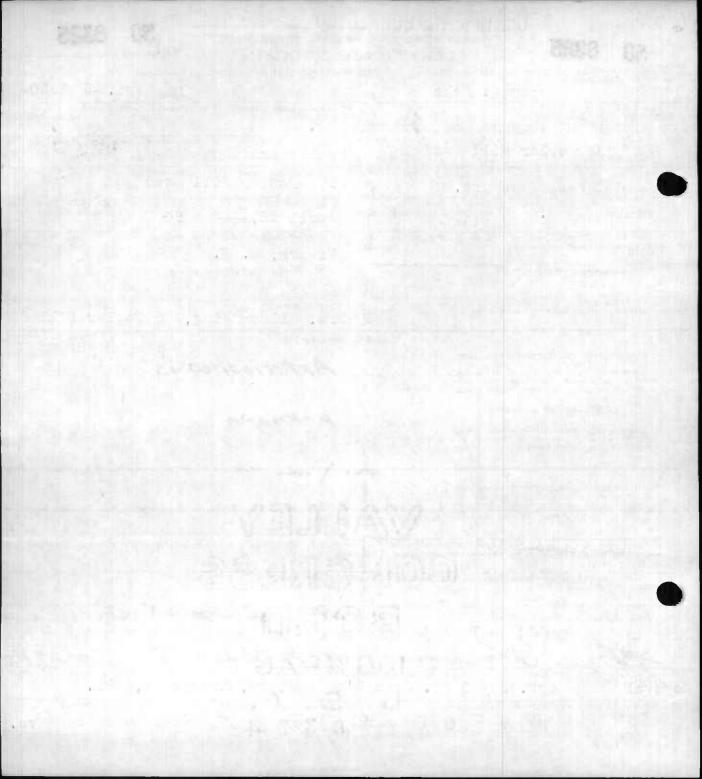
25. FUNERAL DIRECTOR

Sept. 30/50 St. Joseph's, Cemetery, Rivergrove, Ill.

11 E Chase ST 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

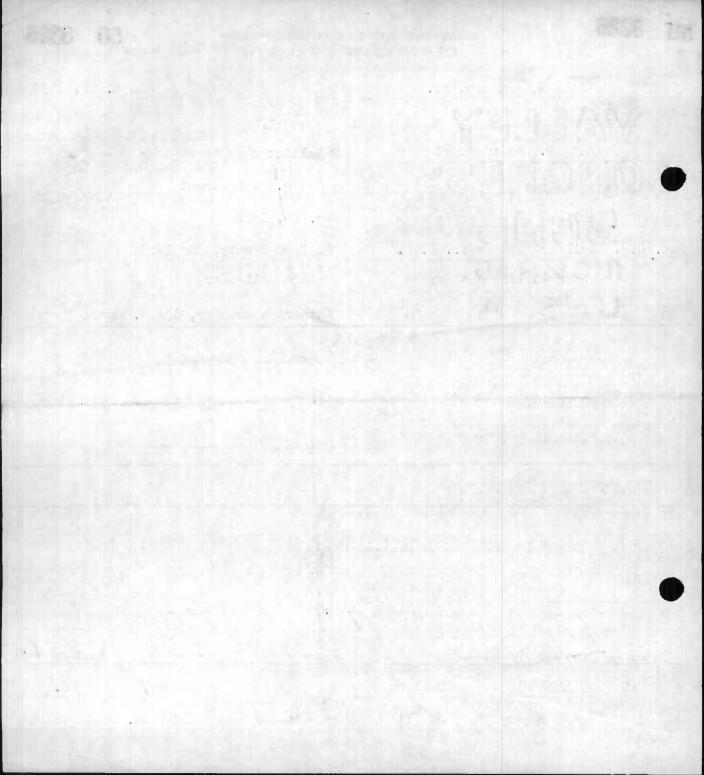
ADDRESS 4101 Edmendson

(If in Baltimore City, give exact location)



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	è		CERTIFICATI	E OF DEATH	Registered No.	-
1. NAME OF DI (Type or Print)	John W. A	nthony,	Sr.	5) H-11-4	2. DATE OF Sept.	28, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland			A. STATE	Where deceased lived. If ins		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 134 N. Haven Street			C. CITY OR TOWN (C. Baltimore	If outside corporate limits	wite RURAL and give township)	
congth of st	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I		
5. SEX male	6.COLOR OR RACE	Mar	E. MARRIED. /ED. DIVORCED (Specify) ried	B. DATE OF BIRTH Aug. 26, 1868		ler Year If Under 24 Hours Min.
10A. USUAL OCC work done during mosto Ret. R.R.	CUPATION (Give kind of f working life, even if retired) Engineer	Penns	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Harford County		CITIZEN OF WHAT COUNTRY
13. FATHER'S N	John Willi			14. MOTHER'S MAIDEN M Sarah Allend	NAME	
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U, S. ARMED (If yes, give war or date)	FORCES? of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Catherine Anth	ony, 134 N. Hav	ress en Street
(This does heart failur injury or DISEASES	E OR CONDITION LEADING TO DEAT not mean the mode or re, asthenia, etc. It mea complication which c ANTECEDENT CAUS G OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA	FH dying, e.g ns the discase aused death FES FANY, GIVIN STATING TH	DUE TO (B) Carde		usation	6 days
TRIBUTING	II IGNIFICANT CONDITO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
19A. DATE OF	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
I 21A. ACCIDI	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	ACE OF INJURY (e. g., ic arm, factory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City, give	exact location)
21D. TIME (INJURY	Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK	21F. HOW DID INJUR	RY OCCUR?	A HIM
deceased al	y certify that I att ive on Sept 2	ended the	deceased fromsand that death occur	red at	Sept 28, 1950, the causes and on the	
6 Sharles	6. Mac M	leun	м. о.	2900 EBalter	inos St. S	23c. DATE SIGNED LEPT 29, 1950
24A. BURIAL, C TION, REMOVAL (SI burial	Pecify) 9/30/50	- 2	24c. NAME OF CEMETER Oaklawn		LOCATION (City, town, or Baltimore,	Md. (State)
STAP RECEIVE	REGISTRAR'	- Alle Sa State of the F	Clique Mig	Am. Cook, his	207 C . D-	ul Street



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 tered No.

8327

Registered No.

I. NAME OF DECEASED (Type or Print) FLORENCE PARKE	gr		2. DATE OF DEATH 9/26/50
3. PLACE OF DEATH:			here deceased lived, If institution; residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospita	or institution, give street address or	A. STATE	B. COUNTY before admission)
HOSPITAL OR	location		outside corporate limits, write RURAL and give
627 Forney	Alley	Baltimore	township)
	Yrs.	D. STREET ADDRESS (If	rural, give location)
c. Length of stay in Baltimore	Mos. Days	627 Forney All	ATT.
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (in years If Under Year If Under 24 Hours
F C	WIDOWED, DIVORCED (Specify)	4/22/1881	last birthday) Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR	II. BIRTHPLACE (State or fo	reign country) 12. CITIZEN OF
Housewife	Housework	Balto, Md	WHAT COUNTRY?
13. FATHER S NAME	HOUSEWOLK	14. MOTHER'S MAIDEN NA	
		16	
15. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL	Mary 17. INFORMANT	ADDRESS
(Xes, no or unknown) (II yes, give war or dates	of service) SECURITY NO.		
NO NO	None	Jas. Parker 62	7 Forney Alley
DISEASE OR CONDITION (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which continue to the mean injury or complication which continue to the mean injury or complication which continue to the analysis of the above cause (a) UNDERLYING CONDITION LAND UNDERLYING CONDITION LAND C	TH f dying, e. g., (A)	Palmitalin	Jean Uma?
<u> </u>	(C)	la ville	V
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED		
. 19A. DATE OF OPERATION 15	BB. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
A			YES NO
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		f in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?
The state of the s	m. WHILE AT NOT WHILE		1
22. I hereby certify that I atte	ended the deceased from 6/	10 10500	926 , 19 , that I last saw the
deceased alive on 725	19) and that death occur	rred at Q An Am., from the	he causes and on the date stated above.
23A. SIGNATURE		38. ADDRESS	23C. DATE SIGNED
We Ga	M. D.	15 2 PM	V. J. 191546.
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town, or county) (State)
Burial 9/29/50			Lto. Md
DATE RECEIVED BY REGISTRAR'S	S SIGNATURE	25. EUNERAL DIRECTOR	512 N.Carrollton Ave
VS 150		* /*	0.5

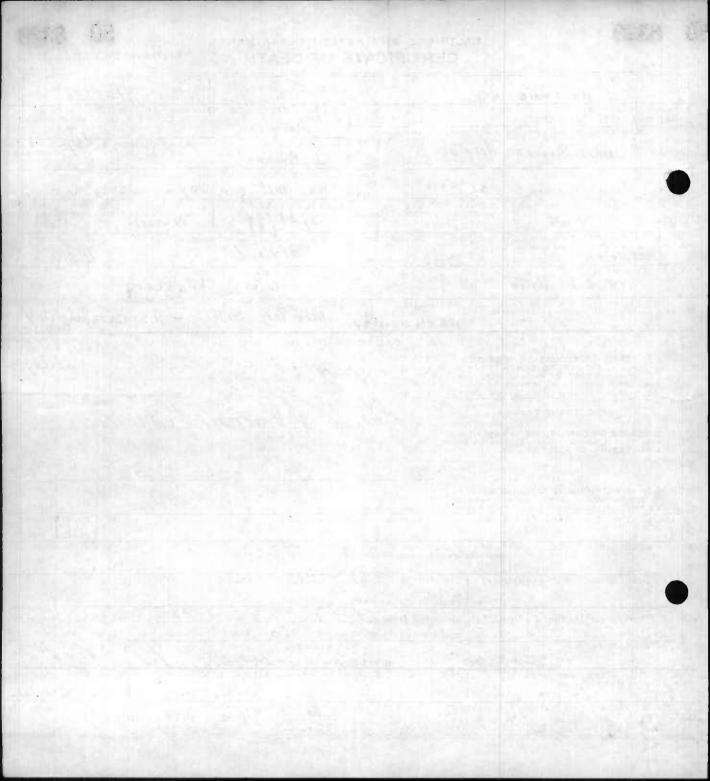
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BALTIMORE CITY HEALTH DEPARTMENT

50	8329

ВІ	RTH NO.			CERTIFICAT	E OF DEATH	Registe	ered No
	NAME OF D 'ype or Print)	mr. Louis	witte		1	2. DATE OF DEATH	9/28/50
A.		City, Maryland			4. USUAL RESIDENCE (VA. STATE	Where deceased li B. COUN	
H	FULL NAME OSPITAL OR ISTITUTION	Bon Secours		tion, give street address or location)		outside corport	e limits, write RURAL and give township)
6	ength of s	tay in Baltimore	51	years Yrs. Mos. Days	D. STREET ADDRESS (If		mistead Gardens
h	rale	6. COLOR OR RACE	MIDOW	E, MARRIED. VED, DIVORCED (Specify)	3/18/99	9. AGE (In ye last birthda	y) Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired) CIAN		of Business or INDUSTRY Steel Corp.	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	ir. C.L. With			14. MOTHER'S MAIDEN N. Miss Ann	aKruzbe	rq
15 (Ye	NAS DECEASI , no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. 5.5.2/6-01-1334	Mrs. IRIS With		ADDRESS Metzgar Way
	18. 59	2 X		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does heart failu	LEADING TO DEA not mean the mode ore, asthenia, etc. It mes complication which	TH of dying, e. ans the diseas	se,	emia.		21 days
		ANTECEDENT CAUS		Al.	Sharan	le Neon	ha it
ERTIFICATION	RISE TO T	S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA	STATING T		me DIVINERU	a pepi	1/1/1/5
LIFIC		п		_(C)		***************************************	
CER	TRIBUTING	GIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	LD .			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore	City, give exact location)
M	210, TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
		y certify that I att	tended the	deceased from 9	-23 , 1950, to	9-28	1900, that I last saw the
	deceased a		, 1950.		red at //.05 am., from t		on the date stated above.
		Wing	3	M. D.	Bon Suo un Ho	os fity	1-28-50
TI	Burial	Sept. 30		24c. NAME OF CEMETE Baltimore Cen	meteryjorth	Ave. & R	ose St. Balto.Md.
	ATE RECEIVE DCAL REGIST CFD 791	RAR	10/1	Laura, M.E.	Schimunek funer 2601-3-5 E. Mad	al Home,	Inc.
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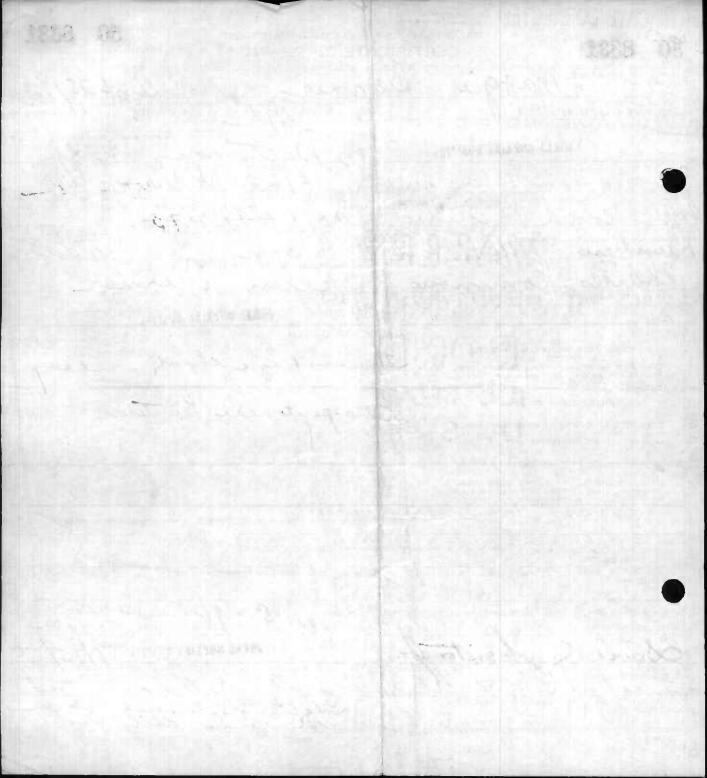


RRF(1) 10-5-50-BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) EPES DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 0563 A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RULAL and give INSTITUTION JOHRS MOPKINS HOSPITS BALTIMORE Yrs. (If rural, give location) Mos. gth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify 9. AGE (In years last birthday) | Months Days Hours Min. FEMALE COLORED WIDOWED 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Stauseurge w. 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (You no unknown) (If you, give war or dates of service) 16. SOCIAL ADDRESS (Yes (no gr unknown) SECURITY NO. W. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cenelical Haraulaus (This does not mean the mode of dying, e.g., Vremia a hyper Kalemia heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES arbiiolos clisatie uphritis RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICA 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 1950 and that death occurred at 640 am from 1 22. I hereby certify that I attended the deceased from deceased aline on 1-2 1950 and that death . 195, that I last saw the deceased alive on_ am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED M. D. 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B 24C. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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ER	TIFICATE CORRECTED 9-29-50			
54	20204	E OF DEATH	Registered No.	8331
1.	NAME OF DECEASED Maggie Boy	mer_	2. DATE OF DEATH ONT	25/950
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived If Mastitu B. COUNT	tion, residence before admission)
HC	FULL NAME OF (If not in hospital of institution, give street address o location STITUTION HOLD APPLIES BOSPITED		outside corporate limits grat	e RURA (and give township)
9	hgth of stay in Baltimore 25 Mus. Days	D. STREET ADDRESS (IT)	purel, give location)	ME
Pn	SEX 6. COLOR OR RACE 7. SINGLE, MATRIED, WIDOWED DIVORCED (Specify	may 1, +177	9. AGE (in years last birthday) 56 7-3- Months: 1	Yeer ff Under 24 Hours Days Hours Min.
Z	OUSUAL OCCUPATION (Give kind of one during most of working life, even if retired) Outuber State	Jenn	a la	HAT COUNTRY?
	Charles Commons	14. MOTHER'S MAIDEN NA	Vurner	
15. (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	ss
	-/0/	OF DEATH	[IN	TERVAL BETWEEN
	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	anhagie s	shock	1 day
	injury or complication which caused death.) DUE TO		0_	/
NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	o-pertaneal	hemaloma	***************************************
OA	UNDERLYING CONDITION LAST. (C)			
ERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINIS 19B. MAJOR FINIS 19B. MAJOR FINIS 19B. MAJOR FINIS 19B. MAJOR	RATION		20. AUTO96Y?
EDICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH		f in Baltimore City, give ex	act location)
Σ -	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS INJURY WHILE AT NOT WHILE		OCCUR?	
	22. I hereby certify that I attended the deceased from	25 190, to 9	/	t I last saw the
	deceased alive on, 19 and that death becu	38 ADDRESS	DEFINS HUSTIL 230	
24. TIO	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		OCATION (City, town, of cou	nty) (State)
	Burnal 9/30/1950 Whether 1	Ulm. C. C. S.	attenure Cs.	me.
-	CAL REGISTRAR	1831 Aug	d Still a	ne.
SE	P'291950 710 81	4	5	6E



BALTIMORE CITY HEALTH DEPARTMEN Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MCCAHAN OWEN OHN DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 305 location) (If outside corporate limite, write RIJRAL and give C. CITY OR TOWN township CODBOURNE ALTO. o. STREET ADDRESS (If rural, give location) Yrs. Mos. WOODBOURNE length of stay in Baltimore Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years) AGE (in years II Under I Year II Under 24 Hours last birthday) Months: Days Hours: Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH TARRIED 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY ASST. TREASURER AILRO AD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chas. M. McCahan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 05-03-4070 INTERVAL BETWEEN OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. Minbetes mellitus OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION NO X none (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE none

none none D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

INJURY. WHILE AT NOT WHILE WORK

22. I hereby certify that I attended the deceased from_ deccased alive on Jehr. 271950, and that death occurred at 12 north, from the causes and on the date stated above.

23A. SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY 24o. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL

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21F. HOW DID INJURY OCCUR?

23c. DATE SIGNED

ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED, BY

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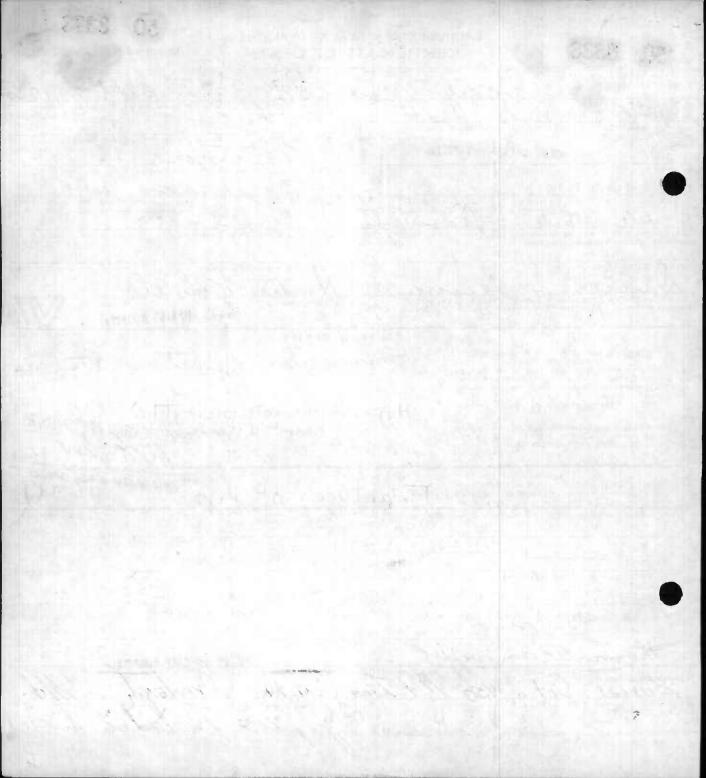
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DE AM BACON
2010 TAYLOR AVE.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived/If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits write RUBAL and give C. CITY OR TOWN INSTITUTION SHES HUPKIRS BUSPITED / township) more. Yrs. D. STREET ADDRESS (larural, give location) Mos gth of stav in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Secily) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | If Under | Year last birthday) Months: Days Hours: Min. lidowed 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ancel 16. SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) ANAS MOPINS HOSPITAL INTERVAL BETWEEN 20.0 CAUSE OF DEATH 03,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? 4136 Roland Avenue ? CAUSE OF DEATH Home 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR?, sie 21E. INJURY OCCURRED INJURY something and and NOT WHILE WHILE AT bout 9/20/50 Fell to floor WORK 22. I hereby certify that I attended the deceased from 9-20-, 1950to 4-29-, 1950, that I last saw the deceased alive on 4 - 29

__ 1950, and that death occurred at 45 km, from the causes and on the date stated above, 9-29-58 834. SIGNATURE 23B. ADDRESS Tromask2 24A. BURIAL, CREMA- 24B DATE 24c. NAME OF CEMEJERY OF (State) Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL MIRECTOR ADDRESS LOCAL GREGISTRAR VS 150



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BIRTH	NO.
S BLAS	AF OF DECEA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH Registered No. . NAME OF DECEASED 2. DATE (Type or Print) OF GEORGE BAUMGARTNER Sept. 29. 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give Philadelphia Wyman Pk. Drive & 31st St. Yrs. D. STREET ADDRESS (If rural, give location) 290 days Mos. 120 Pine Street length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH last hirthday) Months Days Hours Min. 9. AGE (In years) 3/25/86 Married IOA. USUAL OCCUPATION (Give kied of 108. KIND OF BUSINESS OR 11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF INDUSTRY work dooe during most of working life, even if retired) WHAT COUNTRY? Engineer Gormany USA Seafarer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ludvig Baumgartner Elizabeth Lock 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uoknowo) 086-16-2531 Records- US Marine Hosital, Balto, Md. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., Carcinoma of esophagus Unknown heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Cirrhosis of liver Unknown OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES X EDICA 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK Dec. 13 1949 to Sept . 29 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 29 19 , and that death . and that death occurred at 6:20 Am., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATOR US Marine Hospital, FRAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

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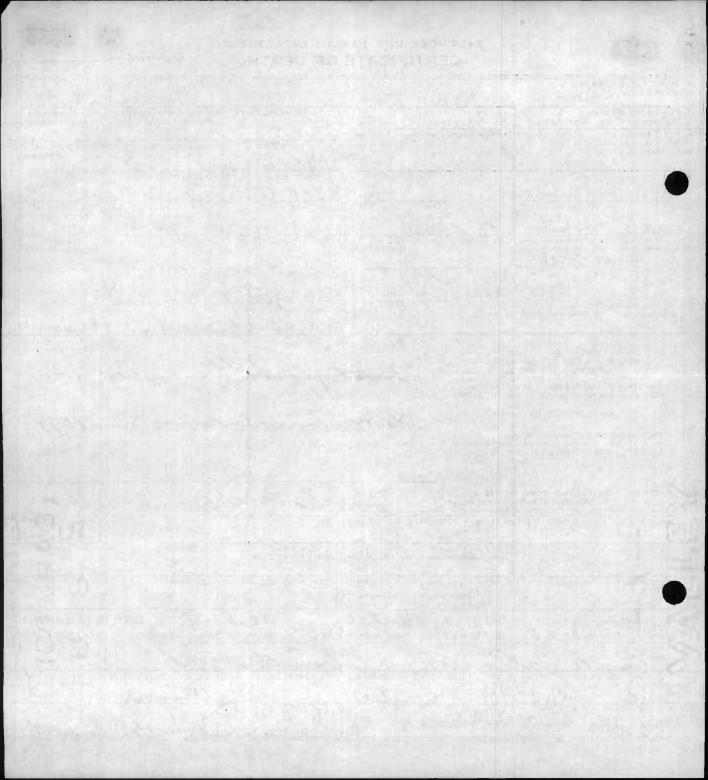
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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BII	RTH NO.	E OF DEATH	Registered No.
	NAME OF DECEASED	12	DATE
	pe or Print) AAARV E AAARTIA	/	OF - 1 hh 20 10-
3.	PLACE OF DEATH:	A USUAL RESIDENCE (Where	dcceased lived, If institution: residence
	Baltimore City, Maryland 5301 Education Gur	A. STATE	B. COUNTY before admission)
	TULL NAME OF (If not in hospital or institution, give street address of	ma	
	SPITAL OR location	c. CITY OR TOWN (If outs	ide corporate limits, write RURAL and give
1	0	Daltimore	28-0 Hownship)
	29 Yrs.		, give location)
	Rength of stay in Baltimore Days	F 3n1 8-1	11.
	Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,		AGE (In years) N Under I Year H Under 24 Hours
110	MIDOWED, DIVORCED (Specify	0 111001	last birthday) Months Days Hours Min.
10	male Thile Kadowed	Jaw 11, 18 16	74.
10/	LUSUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTR'	1. BIRTHPLACE (State or foreig	n country) 12, CITIZEN OF WHAT COUNTRY?
	none	Par.	WHAT COOKING
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	D. OC Krohs	And I	111.
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL	margarer	vigero.
(Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	T. INFORMATHT	ADDRESS , ave
10		Margaret & Ale	gesel 5301 Edwardson
	18. UUZX CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	LEADING TO DEATH	Merondial Do.	emeration level
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	7	12001.
	injury or complication which caused death.) DUE TO	/	
	ANTECEDENT CAUSES	17 . 0 /	~ A ·
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의	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
4	UNDERLYING CONDITION LAST.		
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는	_(C)		
2	OTHER SIGNIFICANT CONDITIONS CON-	wheter Hallily	2530.
빙	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	wear accelle	0
	19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
SI.			YES NO
	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.,		Baltimore City, give exact location)
Ш	HOMICIDE (Specify) about home, farm, factory, street, office bldg	,etc.) INJURY OCCUR?	
Σ	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURI	RED 21F. HOW DID INJURY OF	CCUR?
	INJURY WHILE AT NOT WHILE		
	m. WORK AT WORK		
1	22. I hereby certify that I attended the deceased from Z-	6 , 1924, to 9 - 2	, 1950, that I last saw the
	deceased alive on 2-25, 1950, and that death occi-	erred at 516 A. m. from the e	auses and on the date stated above.
	23A. SIGNATURE // /	238. ADDRESS	23C. DATE SIGNED
	Allene K. Jallager M.D.	atonsville-28,	M. 9.29.50
24	A. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 240. LOCA	TION (City, town, or county) (State)
TIO	NAREMOVAL (Specify) ON 2 1050 OK ATA	1 B-0	till and
-	Juna John 1900 Tester	25. FUNERAL DIRECTOR	ADDRESS
	TE RECEIVED BY REGISTRAR'S SIGNATURE	8 000	11 1 1 61
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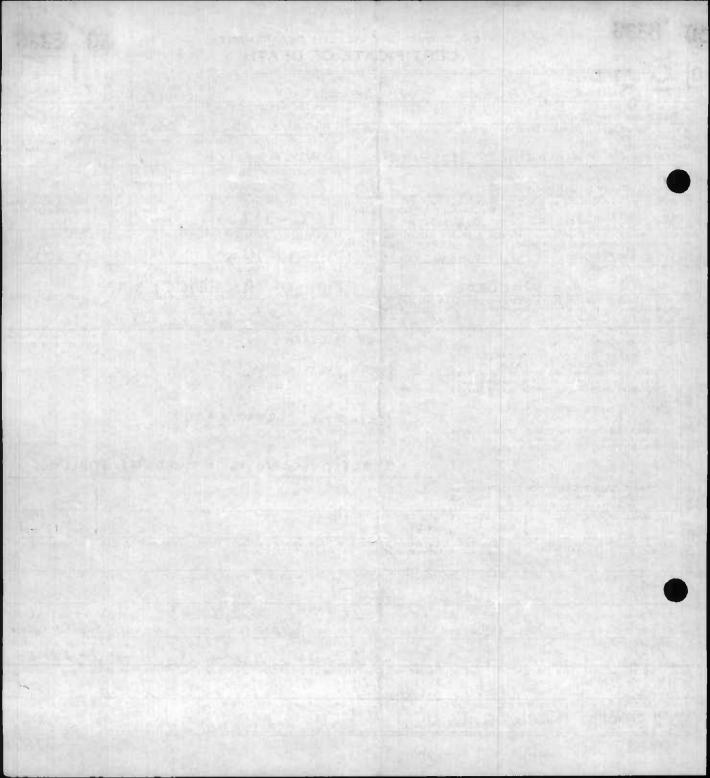




BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1		場所
	Registered	No.

BI	RTH NO.						
1. (T	NAME OF D	CHARLES .	ALFRE	D WALDE	CK	2. DATE OF DEATH	28-50
3. A.	Baltimore (City, Maryland			A. STATE	(Where deceased lived, If in B. COUNTY	before admission)
	FULL NAME	OF (If not in hospi	tal or institut	ion, give street address or location)	C. CITY OR TOWN	BACTIM (If outside corporate limits,	
	STITUTION						township)
_	UNION	MEMORI	4L [TOSPITAL	CATONSVIL		
V				Yrs.	D. STREET ADDRESS (A	6200
O.	ength of s	tay in Baltimore		5 Days	2 OSBOR	'ne Hie	
5.	SEX	6.COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) #U	nder i Year It Under 24 Hours ths: Days Hours Min.
	MALE	WHITE CUPATION (Give kind o	WII	DOMED	2-6-1880	70	
worl	doneduring most	of working life, even if retired		OF BUSINESS OR	11. BIRTHPLACE (State or	r foreign country)	2. CITIZEN OF WHAT COUNTRY?
K	etired I'h	stographer	Cor	umercial.	MARKIAND		U.S.A.
15	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	./
	7047		AL DECI		Molly A.	HEINEKAMP	
(Ye	s, no or unknown)	ED EVER IN U.S. ARME (If yee, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD.	DRESS
UA	IKNOWN			215-12-5289	Bona R. Coble	with 2 Osbor	us live
		SE OR CONDITION	TH	20.01	OF DEATH	d	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
7	ANTECEDENT CAUSES (B) cerebral hemorrhoge						
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						****
Y	UNDERLYING CONDITION LAST.						
F	arterio sclerosis, diabetes melitus						
ERTI	OTHER SIGNIFICANT CONDITIONS CON-						
C	TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE C	OF OPERATION O	198. MAJOR	FINDINGS OF OPER	ATION	20. AUTOPSY?	
Y						YES NO	
EDICA						ve exact location)	
Σ	21D. TIME	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	IRY OCCUR?	
	INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK		7. 55 5	
	22. I hereby certify that I attended the deceased from $9-25$, 1950 , to $9-28$, 1950 , that I last saw the deceased alive on $9-28$, 1950 , and that death occurred at 10.45 p.m., from the causes and on the date stated above.						
	23A SIGNA				3B. ADDRESS	· · · · · · · · · · · · · · · · · · ·	23c. DATE SIGNED
	R.I.	LRO			Minion Men	no - 1 / Janes	9-28-50
-2	4A. BURIAL.	CREMA- 24B. DATE	GRANG	24c. NAME OF CEMETE		LOCATION (City fown, o	
TH	ON REMOVAL (S	Specify 1 /	1950	Loudon Pa	sk. E	Battimore.	med
D.	ATE RECEIVE			JRE	25. FUNERAL DIRECTO	R	ADDRESS
	SHP 291	HED Thurste	aton M	diades, Mr. 7	11 Mus. John St. The	ifek Sow 53118	Edmondson
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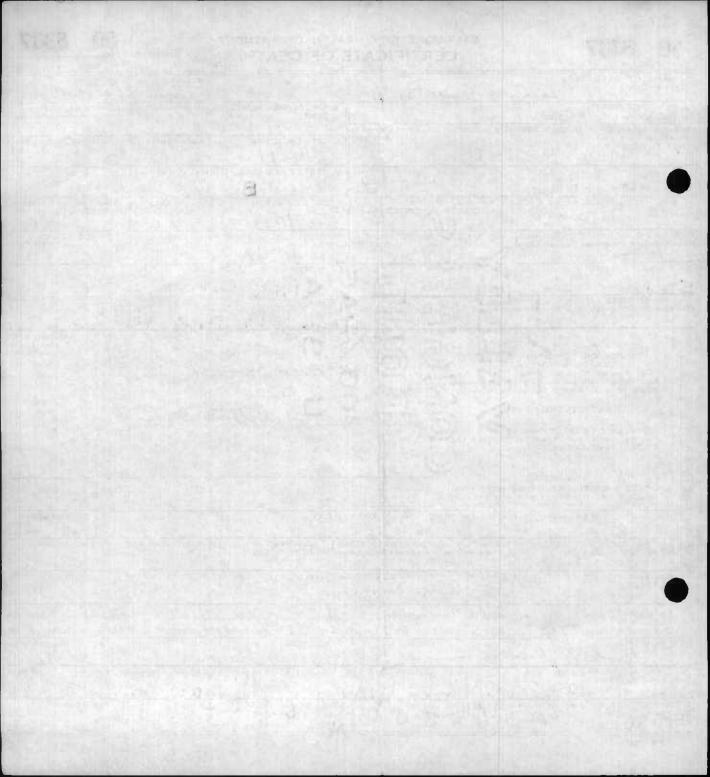


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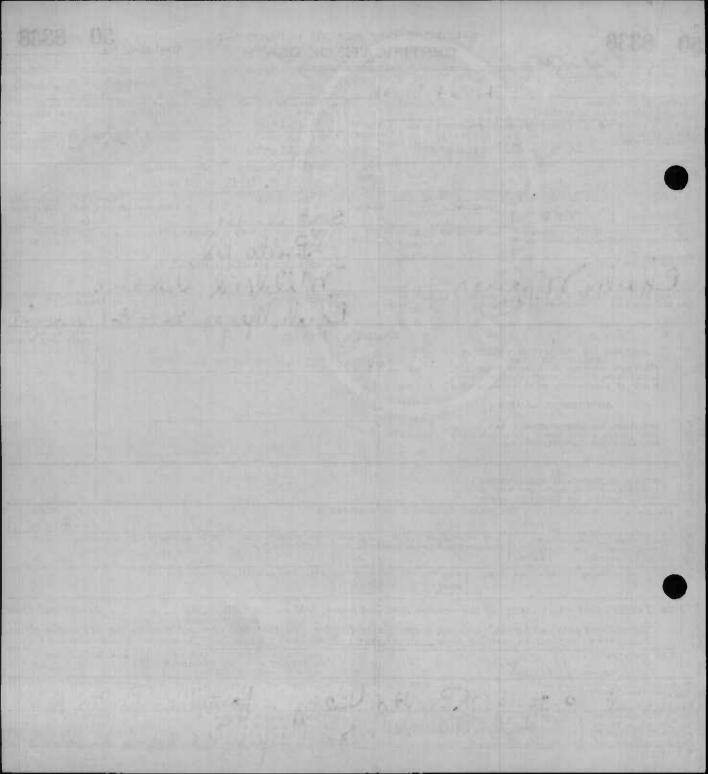
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Reg

	50	8337
gistered	No.	0301

BIRTH NO.								
1. NAME OF DECEASED (Type or Print) Lucia Caretti				aretti		2. DATE OF DEATH 9	129/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE	(Where deceased lived,)	f institution; residence before admission)	
В.			al or institut	ion, give street address o	.			
	STITUTION	Tercy Hosp	ital		C.CITTOR TOWN	Ore	its, write ROBAI and give township)	
		101-41100		Yrs.	D. STREET ADDRESS		9	
ength of stay in Baltimore 35 Mos.					2410 Bowleys Lane			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)				MARRIED. ED. DIVORCED (Specify		9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours fonths Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF	
worl	doneduring most	of working life, even if retired)		INDUSTR		z zozeski country)	WHAT COUNTRY?	
13	. FATHER'S				14. MOTHER'S MAIDEN NAME			
5	Tene	Brusa	mplic		MRS	MR< Caretti		
(Ye	, no or nnknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	7. INFORMANT	12. N	ADDRESS	
-	no			none	Then S Cara	1 - 2 mg	o frontaio	
	18. 44	-6 X 1		CAUSE	OF DEATH		ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
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F	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
CA	UNDERL	YING CONDITION LA	AST.					
님		11		(C)				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
	19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION				RATION		20. AUTOPSY?	
CAI	hone						YES NO	
MEDICAL	HOMICIDE	(Specify)		CE OF INJURY (e. g., arm, factory, street, office bldg.		(If in Baltimore City,	give exact location)	
-	21D. TIME TINJURY	(Month) (Day) (Year)		21E. INJURY OCCURE		JRY OCCUR?		
m. WHILE AT NOT WHILE AT WORK AT WORK 1950, to 9/29, 1950, that 22. I hereby certify that I attended the deceased from 9/8, 1950, to 9/29, 1950, that								
	deceased a		, 19 <u>5 Y</u> .	and that death occu	rred atm., fron 23в. ADDRESS	the causes and on	the date stated above.	
	/1/	ul f Ker	hard		Mercy Ho.	s jo.	9/29/50	
24	A. BERIAL.	CREMA- 24B. DATE	6	24C. NAME OF CEMETI	ERY OR CREMATORY 240	LOCATION (City) town	(State)	
D	March !	9.751	19501	Hilm Illed	Demon 1	5/2017 1/9-16-	Varito ILV	
LC	CAL REGIST	BAR REGISTRAR	a sight	Carry 16 p	25. FUNERAL DIRECTO	Mary man	ADDRESS T	
-	VS 150					Anna di stan		
					V		1310	



BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NOI 50 -20 212 1. NAME OF DECEASED (Type or Print) 2. DATE September 28, 1950 BABY DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 2429 E. Oliver Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore 2429 E. Oliver Street Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years | fi Under 24 Hours last birthday) Months: Days | Hours Min. WIDOWED, DIVORCED (Specify) Female White 10A, USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13 FATHER'S NAME . 14. MOTHER'S MAIDEN NAME 15. WAS DICEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war in dates of acryspe) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Congenital heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING ERTIFICATION RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES X EDICA (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an _ Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER 9-28-50 Ullam MEDICAL INVESTIGATOR. TION REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City_town, or county) (State) 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR P 30 V S 151



OCT 250508339

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Sept. 28, 1950 JUGUST C. KAATI 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or 4703 Hampuett a location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUPAL and give INSTITUTION township) Pineridge Nursing Home Baltimore D. STREET ADDRESS (If rural, give location), Yrs. 1614 E. 32nd. Street ength of stay in Baltimore 50 VISDays 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WICOWET 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 9. AGE (in years) If Under 1 Year last birthday) Months; Days Hours; Min. Aug. 27, 1876 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF USAHAT COUNTRY? rork done during most of working life, even if retired) INDUSTRY millworker Wood works Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albertina Winkelman August Kaatz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 1614 E. 32nd. Street 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) 6-07-8174 Mrs Herman Henschen no INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY MARTERIO- SCLEROFIE LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO (ARDIO- VASCULAR DIS injury or complication which caused death.) ANTECEDENT CAUSES HEMATEMESIS. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE (WHILE AT WORK OCT 1948 to 0571 28 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ and that death occurred at 5 42m., from the causes and on the date stated above. deceased alive on 9/27/50 19 23c. DATE SIGNED 23A. SIGNATURE 1/ alle 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-248. DATE Baltimore, Md. burial 9/30/50 Parkwood Cemeterv HENRY AS ENDER & SONS, INC. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE . LOCAL REGISTRAR Thurtington / Villand

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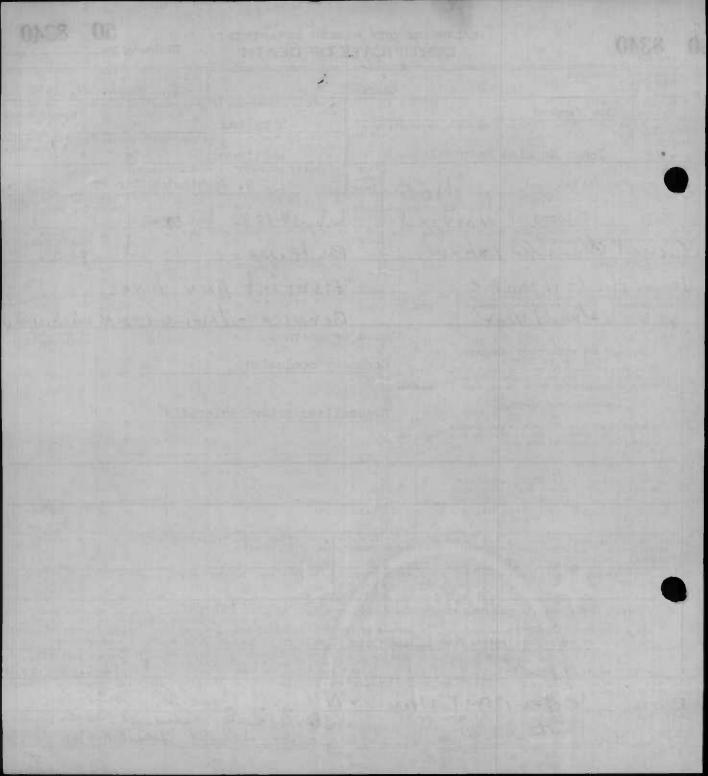
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE ANDREW GILMORE Sept. 27, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (f not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos ngth of stay in Baltimore 132 N. Washington Street Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours | Months | Days | Hours | Min. 8. DATE OF BIRTH Male Colored MARYICO 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Hand ler LMO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Yes, no or unknown) dates of service) (If yes, give SECURITY NO. INTERVAL BET 18. 420,1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Coronary occlusion (A) heart failure, asthenia, etc. It means the disease. lniury or complication which caused death.) XXXXXX ANTECEDENT CAUSES Generalized arteriosclerosis ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{Z}\), accident \(\propto_1\), suicide \(\propto_1\), homicide \(\propto_1\), undetermined \(\propto_1\). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Sept. 28. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) 2-1950 JULIS

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DATE RECEIVED BY

REGISTRAR'S SIGNATURE

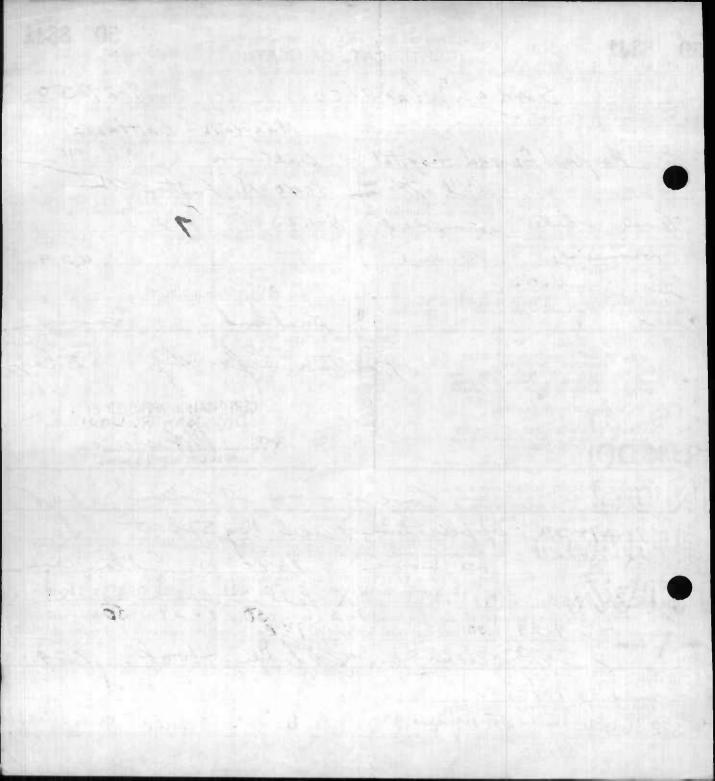


BALTIMORE CITY HEALTH DEPARTMENT

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Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF TARA DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B: COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or 1ARVIANS BAHTMORE HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Marie c. Length of stay in Baltimore 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years) last birthday) Months; Days Hours Min. Nov. 23 18 10A. USUAL OCCUPATION (Give kind of TOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, eyen if retired) INDUSTRY WHAT COUNTRY Howev 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marris 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) | (If yes, give war or dates of service) SECURITY NO Sas INTERVAL BETWEEN 18. F 904.0 CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CERTIFICATION APPROVED BY ANTECEDENT CAUSES DR John R. Davis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFIC. CHIEF OR ASST. MEDICAL EXAMINER. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION OF bout home, farm, factory, street, office bldg, etc.) INJURY OCCUR (It'in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 1640 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY Slipped and feld to floor NOT WHILE WHILE AT WORK AT WORK 2. I hereby certify that I attended the deceased from 9-2 6 2. I hereby certify that I attended the deceased from 9-2 6, 1950 to 9-29, 1950 that I last saw the deceased alive on 9-29, 1950, and that death occurred at 9 2m., from the causes and on the date stated above. _, 19 Cthat I last saw the 23c. DATE SIGNED 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) 24A/ BURIAL, CREMA-TION REMOVAL (Specify) 246 DATE Durules 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE with alon / / lie

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LOCAL REGISTRAR

25 FUNERAL DIRECTOR

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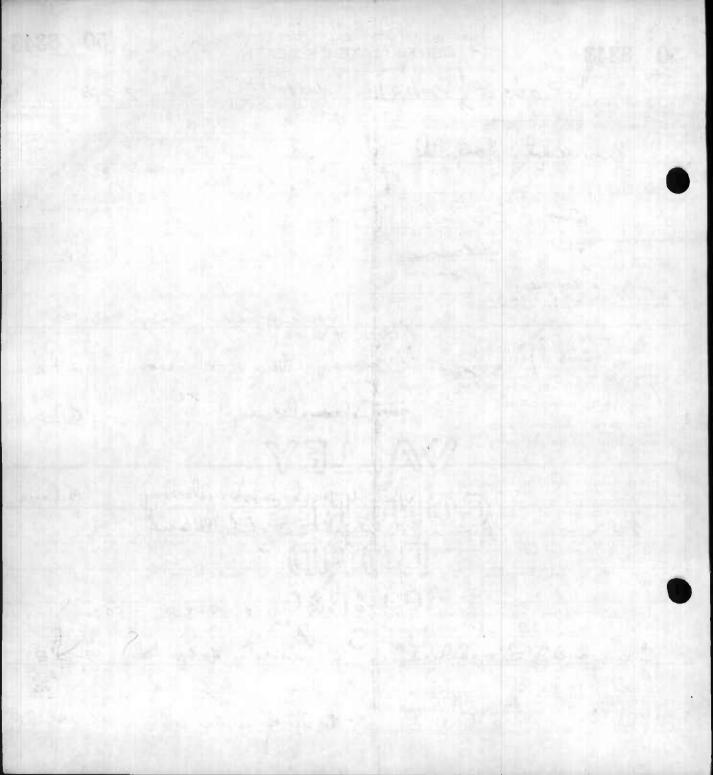
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 83

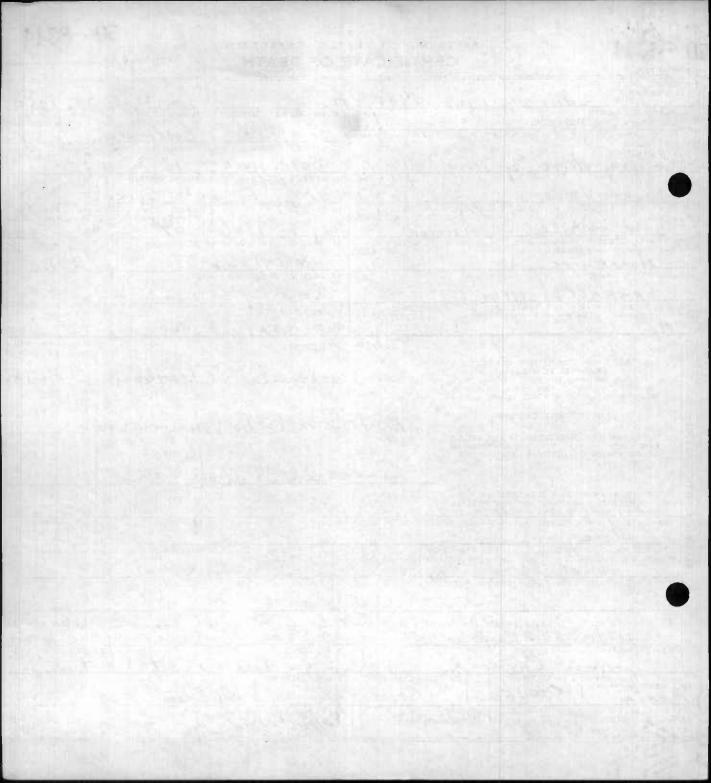
B	RTH NO.	7-30		OLIVIII IOAI	E OF DEATH	Aregistered 110
1. (T	NAME OF C ype or Print)	Bos.	SE,	PEARL	* HARRIETT.	2. DATE OF DEATH 9-28
	Baltimore	City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived, If institution: residence B. COUNTY before admission
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)		Toutside corporate limits, write RURAL and gi
NI S	STITUTION	merenty	Hora	الله	Glew Burne	
-		V		Yrs. Mos.	D. STREET ADDRESS (If	
-	ength of s	tay in Baltimore		Days	Marley Par	
	F	GO W	WIDOW	MARRIED, ED, DIVORCED (Specify)	aug. 29, 1890	9. AGE (In years if Under I Year last birthday) Months: Days Hours Min
1 C worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 12. CITIZEN OF WHAT COUNTR
	100	me	ut	Nome	Imapolis md	J.J. A.
13	FATHER'S	11.1.			14. MOTHER'S MAIDEN N	AME
15	WAS DECEAS	ED EVER IN II S ARMET	FORCES?	16. SOCIAL		
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Orvelle S. Carey	Marley Park, md
	18. 58	41		CAUSE	OF DEATH	INTERVAL BETWEE
		SE OR CONDITION LEADING TO DEA	TH	1	A	0
	heart failt	s not mean the mode oure, asthenia, etc. It mea	ns the disease		roug enlary oc	church 24 km
	injury or complication which caused death.) DUE TO					
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7		ANTECEDENT CAUS	SES	CO.	Que to Ome	60- 1
NOI	DISEASE	S OR CONDITIONS, II	F ANY, GIVIN	(B)	acy telony	6 logs
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CA	OTHER S	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN STATING TH IST. TIONS CON NOT RELATE	(B) (D) (C) (C)	begitelany port Dobe	geleelong 6 logs
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ERTIFICA	OTHER STRIBUTING TO THE D 19A. DATE 21A. ACCIL LYING OCAUSE OF	S OR CONDITIONS, II THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE MEDICAL CONDITION (A) THE ABOVE CAUSE (A) THE MEDICAL CONDITION THE ABOVE CAUSE THE ABOVE CAUS	TIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLAN about bome, fit	FINDINGS OF OPER CE OF INJURY (e. g., i	Port Dobe	20. AUTOPSY? YES NO [If in Baltimore City, give exact location)
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EDICAL CERTIFICA	OTHER STRIBUTION TO THE DIPA. DATE COLUMN COLUMN COLUMN COLUMN CAUSE OF CAU	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION OF OPERATION 1 12	TIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, for the causing it was about home.	FINDINGS OF OPER CE OF INJURY (e.g., i. arm, factory, street, office bldg., while at work at work deceased from	Port Dobe ATIAN - Cholo OF 21C. WHERE DID (COURT) ED 21F. HOW DID INJURY ED 21F. HOW DID INJURY	20. AUTOPSY? YES NO If in Baltimore City, give exact location) Y OCCUR?
EDICAL CERTIFICA	OTHER STRIBUTION TO THE DESTRIBUTION TO THE DESTRIBUTION TO THE DESTRIBUTION TO CAUSE OF TOTAL TIME OF INJURY 21. I hereby deceased a	SOR CONDITIONS, II THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE DEATH CONDITION LA THE CONDI	TIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, for the causing it was about home.	FINDINGS OF OPER CE OF INJURY (e.g., if arm, factory, street, office bidg., of the control of t	ATION COLOR ATION COLOR OF 21c. WHERE DID (1) INJURY OCCUR? ED 21f. HOW DID INJURY THE ATION COLOR Tred at 12 3 2 m., from to	20. AUTOPSY? YES NO If in Baltimore City, give exact location) Y OCCUR? - 18, 1959 that I last saw the causes and on the date stated about
EDICAL CERTIFICA	OTHER STRIBUTION TO THE DIPA. DATE COLUMN CAUSE OF CAUSE OF 21D. TIME OF INJURY	SOR CONDITIONS, II THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE DEATH CONDITION LA THE CONDI	TIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, for the causing it was about home.	FINDINGS OF OPER CE OF INJURY (e.g., if arm, factory, street, office bidg., of the control of t	Port Dobe ATIAN - Cholo OF 21C. WHERE DID (COURT) ED 21F. HOW DID INJURY ED 21F. HOW DID INJURY	20. AUTOPSY? YES NO If in Baltimore City, give exact location) Y OCCUR? 1959 that I last saw the causes and on the date stated above 23c. DATE SIGNE
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MEDICAL CERTIFICA	OTHER STRIBUTING 19A. DATE CLYING OCAUSE OF 21D. TIME FINJURY 22. I hereb deceased a 23A. SIGNA ATE RECEIVE	SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year) Or certify that I att live on 9-18 TURE CREMA-1 24B. Date CREMA-24B. Date CREMA-1 24B. Date	TIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, for the causing it is a second to	FINDINGS OF OPER CE OF INJURY (e.g., i arm, factory, street, office bidg., of the control of th	Doll Dole CATION - Lold CATION	20. AUTOPSY? YES NO If in Baltimore City, give exact location) Y OCCUR? - 18, 1959 that I last saw the causes and on the date stated about 23c. DATE SIGNE 9-28 OCATION (City, town, or county) (State
MEDICAL CERTIFICA	OTHER STRIBUTION TO THE D 19A. DATE C 21A. ACCID LYING OCAUSE OF 21D. TIME VF INJURY 22. I hereb deceased a 23A. SIGNA AA. BURIAL, ON, REMOVAL (S.	SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year) ON Certify that I att live on 9-18 TURE CREMA- 248. Date CREMA- 248. Date CREMA- 248. Date	TIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, for the causing it is a second to	FINDINGS OF OPER CE OF INJURY (e.g., i. arm, factory, street, office bldg., while at work at	ATION COLOR ATION COLOR ATION COLOR OF 21G. WHERE DID INJURY OCCUR? ED 21F. HOW DID INJURY COLOR TOTAL ATION ATI	20. AUTOPSY? YES NO If in Baltimore City, give exact location) Y OCCUR? 1959 that I last saw the causes and on the date stated about 23c. DATE SIGNE 9-28 OCATION (City, town, or county) (State



BALTIMORE CITY HEALTH DEPARTMENT

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	CERTIFICAT	E OF DEATH	legistered No
	NAME OF DECEASED		
	Type or Print)	2. DA	FCIL
-	JONES MYS. MAYY	7. DEA	
	B. PLACE OF DEATH: B. Baltimore City, Maryland	4. USUAL RESIDENCE (Where dec	eased lived. If institution: residence COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address or		Itimore
1	HOSPITAL OR location		orporate limits, write RURAL and give
100	NSTITUTION Was all High tal	1 12 11:	O Cowship
-	Church Home of Hospital	D. STREET ADDRESS (If rural, giv	0
	Mos.	- 41	
	Length of stay in Baltimore Days	104 E 20th	Street
1	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE	tiythday) Months Days Hours Min.
1	Female White Married	Aug 2 188/0 60	Days Hours Min.
1	OA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS OF	11. BRTHPLACE (State or foreign cou	intry) 12. CITIZEN OF
₩0	rk done during most of working life, even if retired) INDUSTRY		WHAT COUNTRY
-	3. FATHER'S NAME	Virginia	USA
'	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	PARRott, Albert	an	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS
C	(es, no or nuknown) (If yes, give war or dates of service) SECURITY NO.		
-	No	MRS. VIRGINIA FIELDS, 10	4 E 20 1H 51
	18. 443X, CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	, , , , , , , , , , , , , , , , , , , ,	
	(This does not mean the mode of dying, e.g., (A) Lefe	10- VAScular Thro	Mhasis 3 Mouths
	heart failure, asthenia, etc. It means the disease,		7,003,3
	injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES	L A 1 .1	0 0
Z	(B) Hyper C	ENSIVE LArdio-VASCUL	Car Liseuse
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
PA	UNDERLYING CONDITION LAST.		
RTIFIC	Taylo	ralized Arteriosche	
	II (C) CLEWE	ralized Arteriosche	YONS
0	OTHER SIGNIFICANT CONDITIONS CON-		
Ш	TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
4	None		YES NO
EDICA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g.,	in or 21c. WHERE DID (If in Balt	timore City, give exact location)
	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	/ :-	
Σ	NONE	None	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		37
1	m. WHILE AT NOT WHILE IN WORK AT WORK		
	22. I hereby certify that I attended the deceased from Ju	14 4 , 1950, to Sept 2	1950, that I last saw the
	22. I hereby certify that I attended the deceased from 50	310, 10 -, 10	
	deceased alive on Sept 29, 1950, and that death occu	23B. ADDRESS	es and on the date stated above.
	1 -10 10 00	11 1 11 11	23c. DATE SIGNED
-	H. Reed CAYYOU M.O.	Lhurch Home + Hos	5. CA 1 7/69/50
T	24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR THE MATORY 24D. LOCATION	N (City, town, or county) / (State)
	Burial 12/50 Jouch	eru Duble	in Md
	DATE RECEIVED BY REGISTRARIS SICHATURE)	25, FUNERAL DIRECTOR	ADDRESS
L	OCAL REGISTRAR THE THE TOTAL THE	or while here	1217 8+ 1 0
=	SEP 30 1950 1	W - COUT ONE	1 01. 1000
	VS 150		

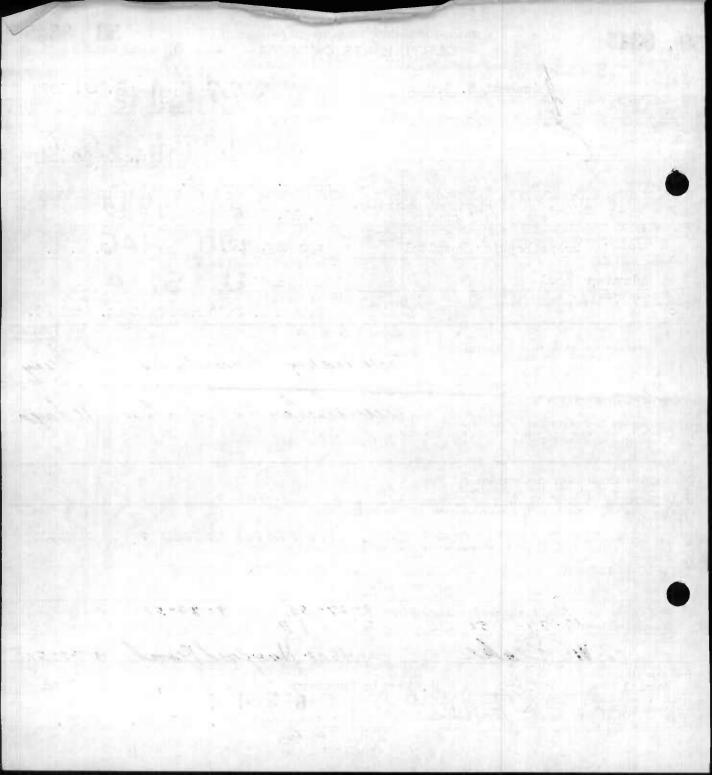


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Elizabeth H. Bruce DEATH Sept. 29, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 2215 N. Calvert Street Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos 2215 N. Calvert St. ngth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. White Aug. 13, 1886 Widowed 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
DOMOSTIC Tohns Ho WHAT COUNTRY? Johns Hopkins Hospital Cape May, N.J. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ephraiam Harris Ida Harding 15. WAS DECEASED EVER IN U, S. ARMED FORCES?
(Yes, nn nr unknown) (If yes, give war ur dates nf service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Robert A. Jefferson 2430 St. Paul ST. 420111 INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Euricelan Fibrillation LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. (C) ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATIONA EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout hume, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK 22. I hereby certify that I attended the deceased from 9-27-50, 19 to 9-34-50, 19 that I last saw the deceased alive on 9 - 27 - , 1950. and that death occurred at 9 19 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) St. Mary's Cemetery Maryland Annapolis. burial DATE RECEIVED BY ADDRESS FP 30 1950 William Cook Inc. 1217 St. Paul St.

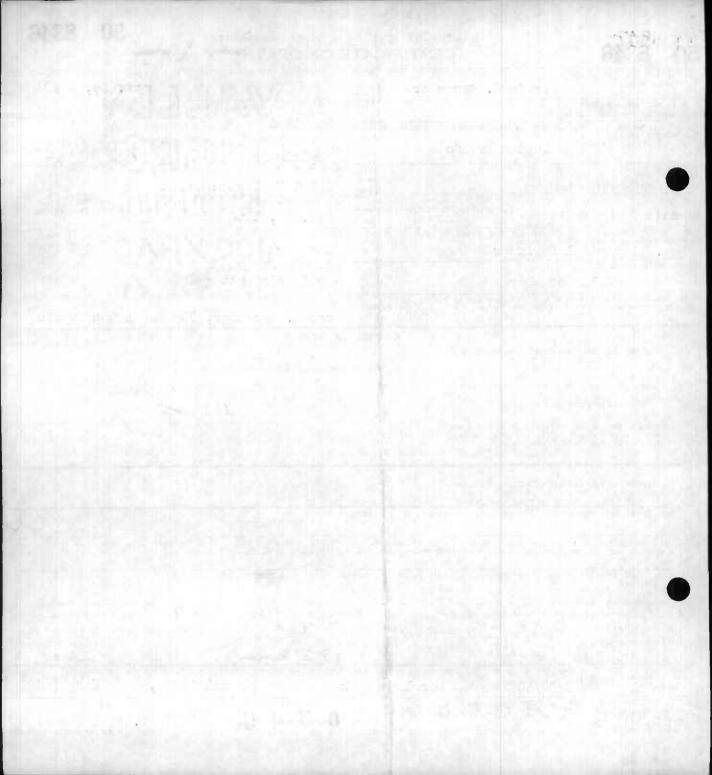
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~		BALT	IMORE CITY HE	EALTH DEPARTMENT		0040
DRTH 834	.0	C	CERTIFICAT	E OF DEATH	Registered	No.
1. NAME OF D (Type or Print)	DECEASED ITWIT	J. Maco	omber	4 - 17 - 17	of Sept	. 29, 1950
B. FULL NAME	City, Maryland	al or institutio	n, give street address or	4. USUAL RESIDENCE (Where deceased lived.	If institution : residence before admission
HOSPITAL OR INSTITUTION	709 Newingto		location)		f outside corporate lim	write RURAL and giv
Peneth of s	stay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (19		
5. SEX	6. COLOR OR RACE white		Days MARRIED. D. DIVORCED (Specify) OWED	8. DATE OF BIRTH Dec. 17, 1860	9. AGE (in years)	If Under 1 Year If Under 24 Hours Min
Ret. Elec	CCUPATION (Give kied of of working life, even if retired) ctrical Engine		OF BUSINESS OR INDUSTRY	New York	foreign country)	12. CITIZEN OF WHAT COUNTRY
	John Macomber			Delia Blodgett	IAME	
15. WAS DECEASE (Yes, no or uuknown) NO	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Hugh I. Macombe		ADDRESS gton Avenue
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					.l:	ONSET AND DEATH
19A. DATE O	TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 0 1	CAUSING IT.	FINDINGS OF OPER	RATION		20. AUTOPSY?
LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	(Hour) 2	E OF INJURY (e. g., in m, factory, street, office bldg., e	etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
						that I last saw th
23A. SIGNAT		2		38. ADDRESS 18 E. Ecx	ine causes and on	23c. DATE SIGNED
24A. BURIAL, C TION, REMOVAL (S burial	CREMA- 24B. DATE 9/30/50	24	oc. NAME OF CEMETE Moreland Par		ocation (City, tow	
DATE RECEIVED	RAP REGISTRAR		BURNET O	25. FUNERAL DIRECTOR	1217 St.	ADDRESS Paul Street



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED (Type or Print) 2. DATE. Bertram S. Winchester, Sr. OF Sept. 29, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 715 Northern Parkway township) Baltimore D. STREET ADDRESS (If rural, give location) ngth of stay in Baltimore 715 Northern Parkway Days 5, SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) Il Under I Year If Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. male white May 6. 1892 married 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) Water Noustry WHAT COUNTRY? Electrical Engineer Baltimore. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Victor Winchester Lillian Seager 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uoknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or uoknown) Mrs. Viola M. Winchester, 715 Northern Pk. no 420:0 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO

UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPERATION

wone 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

21B. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.)

2 Jc. WHERE DID 21E. INJURY OCCURRED

INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE WORK

22. I hereby certify that I attended the deceased from. , 19 that I last saw the , and that death occurred at 6 . 194 0 Am., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 266

24A. BURIAL, CREMA-24B. DAT6 TION_REMOVAL (Specify) burial

deceased alive on desta

CAUSE OF DEATH

23A. SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

20. AUTOPSY

DATE RECEIVED BY LOCAL REGISTRAR

Druid Ridge REGISTRAR'S SIGNATURE

Pikesville,

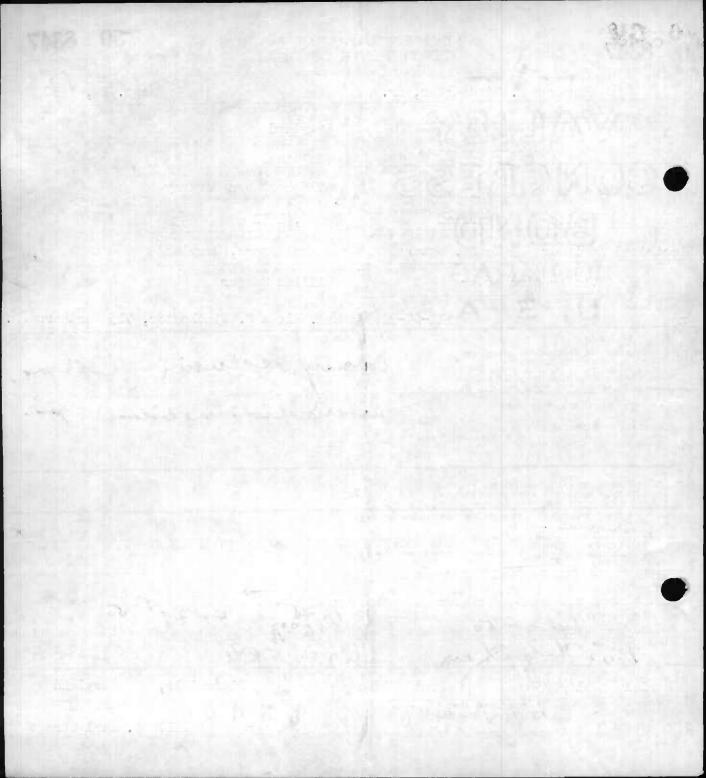
Maryland ADDRESS

1217 St. Paul Street

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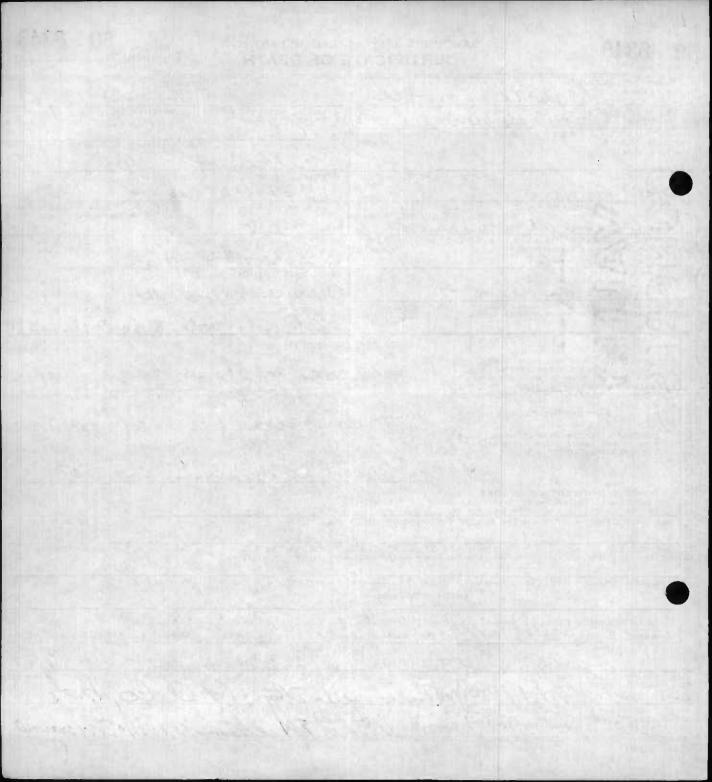
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BALTIMORE CITY HEALTH DEPARTMENT

50 8348

-	RTH NO.			CERTIFICAT	E OF DEATH	Registered N	0
1.	NAME OF D	ECEASED	e T	owell		2. DATE OF DEATH	1 28 /58
	PLACE OF D Baltimore (City, Maryland /	530	Orlean 8 81	4. USUAL RESIDENCE		institution : residence before admission)
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		If outside corporate limits	
-)()			1/0	1 Jaltins		d township)
	ength of s	tay in Baltimore		Yrs. Mos.	i. STREET ADDRESS ()	f rural, give location)	
Andrew Military	SEX	6. COLOR OR RACE		Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year 11 Under 24 Hours
9	enale	colored	711 0	PED, DIVORCED (Specify)	from 7-1884	last birthday) Mo	nths Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
		se wife		NADOSTK1	of marys &	s'ma	WHAT COUNTRY
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
	you	the ande	rev	N	Olivia Er	enwill	
(Ye	, no or unknown)	D EVER IN U.S. ARMEI	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AL	DDRESS
_	200	1			Thas 10	ww 1530	Orleans ST
	18. 4	110 X 1		CAUSE	OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	6	0 + 0 1 6 74		2 8 11.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.) DUE TO						
z	ANTECEDENT CAUSES milital Survey + d'en en						8.705
0		S OR CONDITIONS, I					
CA		YING CONDITION LA		0 0			0 1.1
IFIC		11		(c) are	erial Hype	in lens in	Jack
RT		SIGNIFICANT COND					
CE		G TO THE DEATH, BUT DISEASE OR CONDITION	CAUSING I	T			
اد	19A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL		ENT, SUICIDE,		ACE OF INJURY (e. g., i		(If in Baltimore City, g	YES NO NO
	HOMICIDE	(Specify)	about home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	21D. TIME F INJURY	(Month) (Day) (Year)	(Hour)	21E, INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
L	INSUKT		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from 9-	12 31950, to	9-28 ,195	that I last saw the
			, 1917,	and that death occur	rred at 11 - Am., from	the causes and on th	
	23A. SIGNA	TURE des Cr	d Fi	sher M.D.	38. ADDRESS	nersent.	9-29/50
24	A. BURIAN.	CREMA- 24B. DATE	10	24C. NAME OF CEMETE	RY OF CREMATORY 24D.	LOCATION (City, town,	or county) (State)
X	Zurea	l Vetil-	1950	W Calvary	elemetry 16 C	LUCO,	nov
L	CAL PEGIS	D BY REGISTRAR	SSIGNATU	RE (25 FUNDRAL DIRECTOR		ADDRESS
_	SEPS	0.12 Donne	er / ira	THE CHOY	ry William	~ 1575Me	Kdery
	VS 150		4 .43 8	be who have		A.	0
						72	- 10



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8349
Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township unore 162 Af rural, give location) Yrs. ADDRESS Mos. 50 4115 clous c. Length of stay in Baltimore Days 7. SINGLE, MARRIED H Under 1 Year 5. SEX 6. COLOR OR RACE BIRTH last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) widowed 10A. USUAL OCCUPATION (Givekinder) IOB. KIND OF BUSINESS OR 11. BIRTHE ACE (State or foreign country) 12. CITIZEN OF INDUSTR work done during most of working life, eyen if retired) own home House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jamuel 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT SECURITY NO. 1.29 Bolton ni INTERVAL BETWEEN CAUSE OF DEATH 18. VSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON J TRIBUTING TO THE DEATH, BUT NOT, RELATED 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21c. WHERE DID Bultimore City, give Dract location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, fugm, factory, street, office bidg., etc.) INJURY OCCUPACE OF SST. WOICAL EXAMINER. ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR. INJURY 1230 50 NOT WHILE WHILE AT 2 . m. WORK . 1957, that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at m., from the causes and on the date stated above. deceased alive on_ 238 ADDRESS 23A. SIGNATURE 2 C. NAME OF CEMETERY OF EREMATORY 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) merial ADDRESS DATE RECEIVED BY 25 FUNDRAL DIRECTOR REGISTRAR'S SIGNATURE

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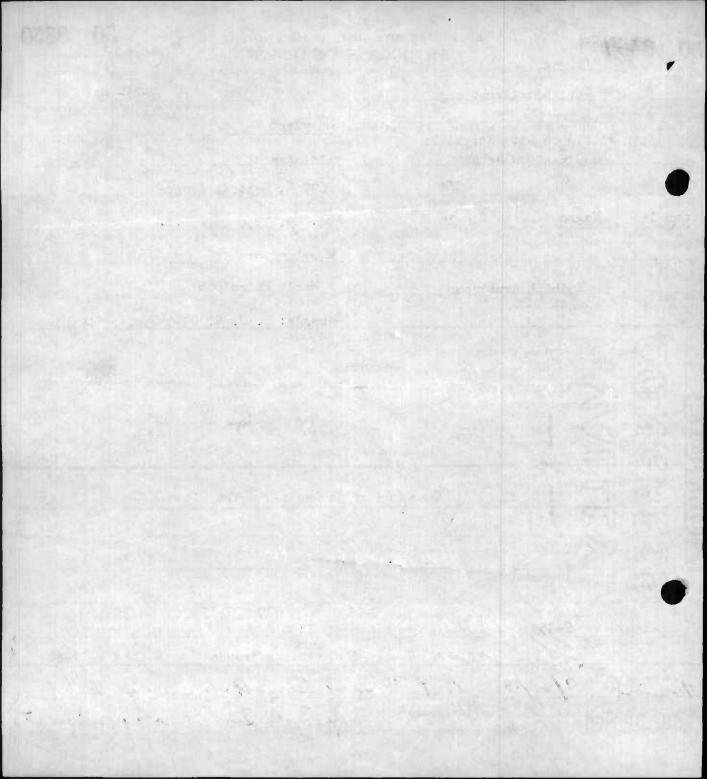
Er. Kurt Levez Charles + 3 pt St

American Physics Street Williams and inches

6 31 B	52	301850		EALTH DEPARTMENT E OF DEATH	Registered 1	50 8350
1.	NAME OF 'ype or Print)	DECEASED Christina	Armstrong		2. DATE OF DEATH 9-25-	-50
A.	FULL NAME	City, Maryland OF (If not in hospit	al or institution, give street address or	4. USUAL RESIDENCE (WASTATE Maryland	here deceased lived, If	institution: residence before admission
H	DSPITAL OR ISTITUTION	Baltimore Ci-	ty Hosptials location)		outside corporate fimit	s, while URAL and give township
C		stay in Baltimore	Life Yrs. Mos. Days	637 N. Central		
I	'emale	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	Aug. 29, 1950	N.B.	f Under 1 Year if Under 24 Hours on the Days Hours Min.
wor	done during mos	CCUPATION (Give kind of tof working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
	. FATHER'S	Rudolph A	Armstrong	Marie Fairclo		
(Yo	, no or unknown	SED EVER IN U. S. ARMED (If yes, give war or dates	of service) 16, SOCIAL SECURITY NO.	Records: B. C. H		rn Avenue
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					INTERVAL BETWEEN ONSET AND DEATH
U	19A. DATE OF OPERATION OF 19R MAIOR FINDINGS OF OPERA			Congenital Heart	Disease	23 days
MEDICAL	21A. ACCII LYING□ C CAUSE OF	DENT WAS UNDER-	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in Baltimore City, g	ive exact location)
~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK					
		live on 9-25			e eauses and on th	that I last saw the date stated above. 23c. DATE SIGNED 9-27-50
110	A. BURIAL.	9/30/3	of Calva		CATION (City, town,	
LO	SEP 30		ator Holland Me	Humer Dan	idus 14	12 E Prestin

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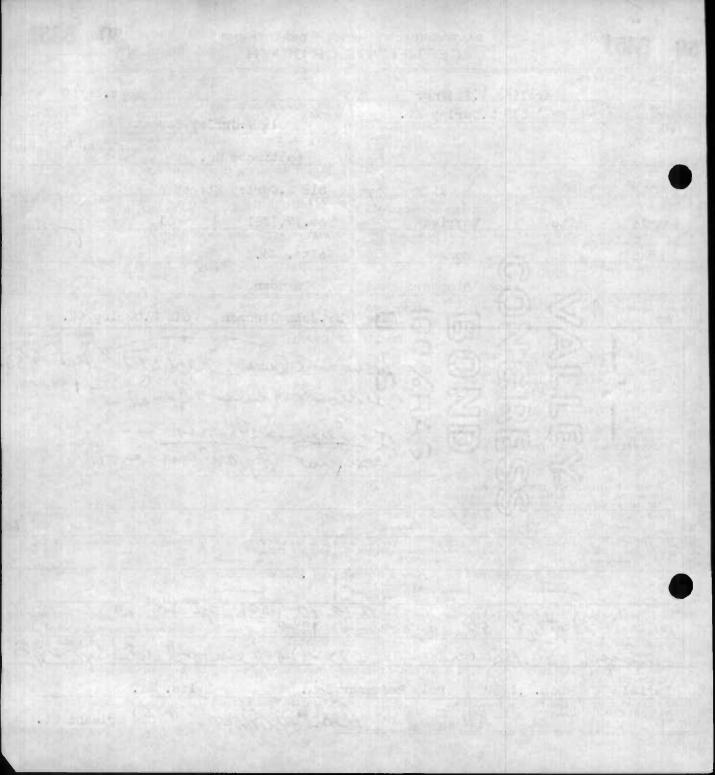
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	8351
legistered	No	

-	Title Ito.							
1. (T	1. NAME OF DECEASED (Type or Print) Caroline V.Sterner						DATE OF DEATH SET	ot.28/50
Α.	. PLACE OF DEATH: Baltimore City, Maryland 519 N.Curley St. FULL NAME OF (If not in hospital or institution, give street address				A. STATE		deceased lived. II B. COUNTY y. Street	institution: residence before admission)
HO	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN			ts, write RURAL and give township;
0						nore Md.		-01
				Yrs. Mos.	D. STREET ADDRI	ESS (lf rura.	, give location)	
		tay in Baltimore		life Days	519 N.Cu			
٥.	SEX	6. COLOR OR RACE		E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIRTH	1888 9.	AGE (In year) Melast birthday) Me	onths Days Hours Min.
	Female	White		rried	Nov.17,186	31	61	
		CUPATION (Give kind of of working life, even if retired)	IOB. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	none		n	one	Balto. Md.			
13	. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME		
				heppard	Unknow	n		
15 (Ye	, was DECEASI	ED EVER IN U. S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS
`	no	none		nnne	Mr.John Ste	diner	519 N.Cui	rley St.
	18. 4/4	12 X		CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	9.	10	- 4	7 -	3 00 to 1/0
		LEADING TO DEA	TH	- Mer	nia- Chro	me X	estille	(sept 16/30
	heart failt	re, asthenia, etc. It mes	ans the diseas	se,			100	- 1 year
	injury or complication which caused death.) DUE TO daudity - Ver dular - Vers dular							
7	ANTECEDENT CAUSES							
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				leny-So	ellion	is —	
FICA	ONDERE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11	0000 O H	y sel	euron	-
		H		(C)	was in	11		·
CERT		SIGNIFICANT COND						
CE	TRIBUTING	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED IT	***************************************			
7	19A. DATE C	F OPERATION O	9B, MAJOR	FINDINGS OF OPE	RATION			20. AUTOPSY?
V			l a company			170 /	Dalaina Gita	YES NO
MEDICA	HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bidg.,		JR?	Baltimore City,	give exact location)
2	ID. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DIE	INJURY O	CUR?	
L	FINJURY		m	WHILE AT NOT WHILE				
	22 Though		4	deceased from Co		o. Con	20 105	that I last saw the
	22. I nereo	in certify that I att	tenaea the	aeceasea from	1/2000	from the	anege and on	the date stated above.
	23A. SIGNA		1 7		23B. ADDRESS	, from the t	nuses who on t	23c. DATE SIGNED
	da	wis fr.	Trum	uem ,	722 W1-1	(suur	rod we	- Sept 29/50
2.	AA. BURIAL,	CREMA- 248. DATE	OI	24c. NAME OF CEMET	RY OR CREMATORY	24D. LOCA	TION (City, town	, or county) (State)
TI	on REMOVAL (S Burial	Oct.2.	1950	Holy Redeem	er Cema	Ba	lto. Md.	
	ATE RECEIVE	D BY REGISTRAR			PANERAL DIE		· last	ADDRESS
	SFP 301		ton Kul	Lapid Mary	Philys 0	Herriza	2024	Orleans St.
	VS 150	(The man	Constitution of		V		1210.



426
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

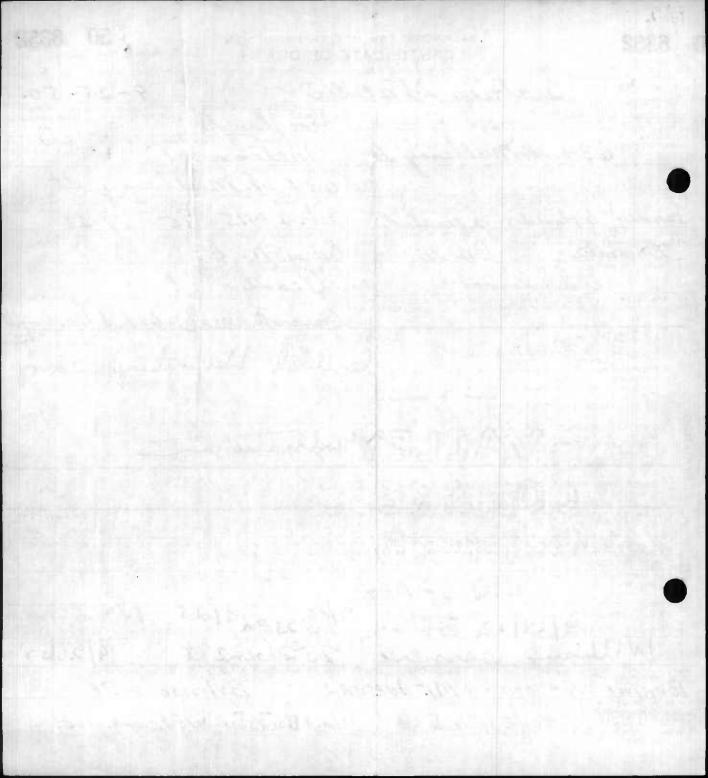
50 8352

BIRTH NO. CERTIFICATE OF DEATH	Registered No
1. NAME OF DECEASED Beatrice Walker	2. DATE OF DEATH 9-25-50.
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE	(Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 63444. Mulherry 14 Gallen	(If outside corporate limits write RURAL and give township)
Mar. 1 - 1 2 1	(If rural, give location) Nucleurs of the
Jense 6. COLOR OR RACE 7. SINGLE, MARRIED. WILDOWED, DIVORCED (Specify) 3. 1915	9. AGE (in years donder I Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done of fing most of work done of fing most of working life, even if retired) 10B. KIAID OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of INDUSTRY)	or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME LENGTHER'S MAIDEN LENGTHER'S MAIDEN	NAME 7
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH (A) (B) DUE TO DUE TO CELLIA (C)	emoules 2 days
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH	(If in Baltimore City, give exact location)
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY INJURY OCCURRED 21F. HOW DID INJURY OCCURRED AT WORK	URY OCCUR?
22. I hereby certify that I attended the deceased from 9, 19, to-deceased alive on 9, 12, 23 and that death occurred at 25 km, Non 23A SIGNATURE	that I last saw the n the causes and on the date stated above.
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24B.	LOCATION (City, town, or county) (State)
BURIAL 9-30-50 MT. AUBURN BI	AlTIMORE 30.
DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTO	1916 PENNA. AUE.

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BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, Frite RVI) Alrend give location) C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. cength of stay in Baltimore Days 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in year: WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Yousewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO 4500 ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY7 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION NO 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE AT WORK WORK 19 to Zent) , 19 5, that I last saw the 22. I hereby certify that I attended the deceased from 19 and that death occurred at 10:30 m., from the causes and on the date stated above. deceased alive on 20 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 1422 5.0 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or ecunty) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Kemoval 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE SEP 30 1950

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K	0 8354	BALTIMORE CITY HE	ALTH DEPARTMENT	X 5	0 8354
E	BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No)
=	1. NAME OF DECEASED	. 1	7/		
((Type or Print)	im lay	It ipple	2. DATE OF	29/950
	3. PLACE OF DEATH: A. Baltimpre City, Maryland	17 14 DA	4. USUAL RESIDENCE (W. A. STATE	here deceased lived. If in	
B		nstitution, give street address or	- 1 Md.	B. COUNTY HOLD	before admission
	DARS HOPKINS HO	location	C. CITY OR TOWN (If o	outside corporate limits,	write RURAL and give
-	SO TOTAL NOT ALBE ME	Yrs.	Fare a	a per	ace_
d	ngth of stay in Baltimore	Mos. Days	3 0 9	ural, give location)	16200
5	6. COLOR OR RACE 7. S	SINGLE, MARRIED, VIDOWED DIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (in years) # U	nder I Year If Under 24 Hours hs: Days, Hours: Min.
15	Wale White	Child	4-25.50		Days Hours Min.
WO	ork done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or for	eign country)	2. CITIZEN OF WHAT COUNTRY
1.	3 FATHER'S NAME				
	11/100:11		14. NOTHER'S MAIDEN NA	ME ()	1
1	5. WAS DECEASED EVER IN U. S. ARMED FOR	rople	Norolly	Lay	c
(Y	(ee, no or unknown) (If yes, give war or dates of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
-			O TIME	HUPKINS HUNPTE	
	18. 776%		OF DEATH	1.61	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	11	+ 'L		
	(This does not mean the mode of dyir heart failure, asthonia, etc. It means the	disease	emelinty	***************************************	
	injury or complication which caused	death.) DUE TO	J		
	ANTECEDENT CAUSES				
0	DISEASES OR CONDITIONS, IF ANY,	GIVING (B)		***************************************	**
E	RISE TO THE ABOVE CAUSE (A) STATI	NG THE DUE TO			
ERTIFICATION		(C)		***************************************	
브					
K	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R	S CON-			
Ü	TO THE DISEASE OR CONDITION CAUS	ING IT.			
7	19A. DATE OF OPERATION 19B. M.	AJOR FINDINGS OF OPERA	TION		20. AUTOPSY?
S	314 ACCIDENT WAS ARREST TO A 1	DIAGE OF INITIAL			YES NO
MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About	B. PLACE OF INJURY (e. g., in a home, farm, factory, street, office bldg., etc	or 21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	e exact location)
	2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
		m. WHILE AT NOT WHILE			
	22. I hereby certify that I attended	the deceased from 4-	25 - 1950 to 9-	- 29 - 1950	that I last saw the
	deceased alive on 9 - 29 - 19	50, and that death occurr		causes and on the	date stated above.
	234 SIGNATURE -				

23c. DATE SIGNED

BURIAL, CREMA-REMOVAL (Specify)

24C. NAME OF CEMETERY OR CREMATORY

(State)

CEIVED BY

REGISTRAR'S SIGNAFURE

25 FUNERAL DIRECTOR

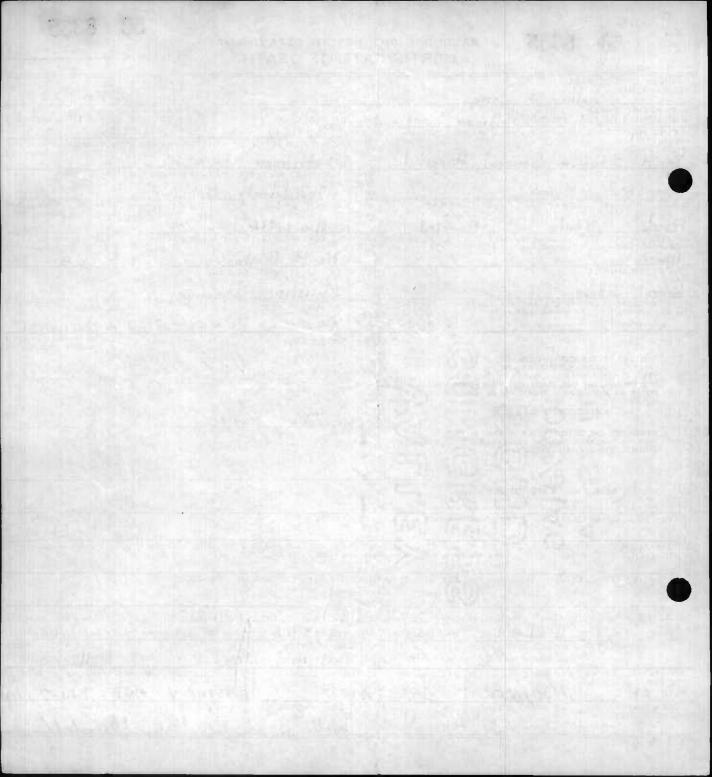
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50 8355 BALTIMORE CITY HEALTH DEPARTMENT

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Pa	rictored N.	_

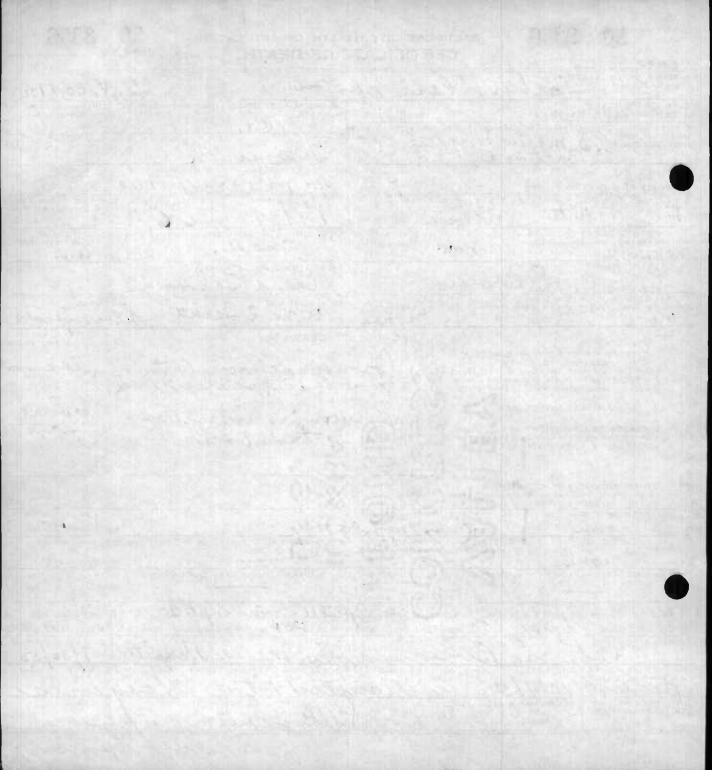
BIRTH NO.	CEI	RIIFICAI	E OF DEATH	Registered	NO
I. NAME OF DECEASED (Type or Print)	3. James			2. DATE OF DEATH	2/20
3. PLACE OF DEATH: A. Baltimore City, Maryl: B. FULL NAME OF (If not	and Paltinore, H	aryland	A STATE	E (Where deceased lived, I B. COUNTY	before admission)
INSTITUTION	O I IC	location)	C. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give township)
South Baltimore	General Hosp	Yre.	D. STREET ADDRESS	(If rural, give location)	£210
c. Length of stay in Balti		3 Days	2963 hiberty	tartiway	23,44
5. SEX 6. COLOR O	WIDOWED, D	IVORCED (Specify)	8. DATE OF BIRTH	-	th Under 1 Year on the Days Hours Min.
IOA. USUAL OCCUPATION (ivekiod of IOB. KIND OF E		II. BIRTHFLACE (State	e or foreign country)	12. CITIZEN OF
work done during most of worklog life, eve	o ifretired)	INDUSTRY	No. 46 Carolin		WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME	U6 A.
Robert Sellers		VACE FOR	Christine J	Donahue	
15. WAS DECEASED EVER IN U. (Yee, no or uoknown) (If yee, give	S. ARMED FORCES? 16. 5	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		1-12-7707	RALPH L. J	ONES -2963	LIBERTY PKWY
18. 401.3		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CON		21	F. 1	ent diserse.	1
(This does not mean th	e mode of dying, e.g.,	(A) // Me	umalie Mi	as assure	several gears
heart failure, asthenia, e injury or complication	which caused death.)	DUE TO			
ANTECEDEN	T CAUSES	nı	/		
Z		(B) The	unté de	ver	
DISEASES OR CONDITION OF THE ABOVE CA	USE (A) STATING THE	DUE TO			
RISE TO THE ABOVE CA UNDERLYING CONDI	TION LAST.				
		(C)			
OTHER SIGNIFICANT TRIBUTING TO THE DEA	CONDITIONS CON-				
TRIBUTING TO THE DEA	TH, BUT NOT RELATED	*************	***************************************		
. 19A. DATE OF OPERATIO		INGS OF OPER	RATION		20. AUTOPSY?
₹ I					YES NO
21a. ACCIDENT, SUICIDI HOMICIDE (Specify)	ebout home, farm, fact	FINJURY (e. g., i tory,street,office bidg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
21D. TIME (Month) (Day FINJURY) (Year) (Hour) 21E. 1	NJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
FINSORY	m. WHILE A				
22. I hereby certify th	at I attended the deced			9 28 50 , 19	
deceased alive on 9	18 50, 19 and t			om the causes and on	the date stated above.
23A. SIGNATURE after	this del Cam	6. M. D.	1213 hight Str	eet	9 28 50
TION, REMOVAL (Specify)				4D. LOCATION (City, town	
BURIAL 17/		DAK LAV		ASTERN AU	
DATE RECEIVED BY REG	STRAR'S SIGNATURE	0.0	25 FUNERAL DIRECT	TORF	ADDRESS
11050 1	butte glor Tilles	KLUM, MACO	Walter Brooks	Brodley, h	Dundolh
NI VE TEN	- 40				



T-653 8356

BALTIMORE CITY HEALTH DEPARTMENT X 50 8356 CERTIFICATE OF DEATH

	IKIH NO.						
	NAME OF D	ECEASED	tt, C	lara her	wton	2. DATE OF DEATH Se	N. 30,1950
	PLACE OF D Baltimore	City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived I		
B. FULL NAME OF (If not in hospital or institution, give street address or				outside corporate lim	its, write RURAL and give		
IN	STITUTION	1. Baltin	ore,	md.	Jakoma 1	Ok	(township)
5 Yrs. Mos.			D. STREET ADDRESS (If	rural, give location)	6522		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.			8. DATE OF BIRTH	9. AGE (In years)	If Under I Year II Under 24 Hours Ionths: Days Hours : Min.		
F white widowes (Specify)			1/1/84	6.6			
10a. USUAL OCCUPATION (Give kind of works) one during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY				INDUSTRY	11. BATHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AM5	и.э.		
15	Lewis C. Lawrence			Clara Jo	lman		
(Ye	15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or naknown) (If yes, give wer or dates of service) No.				Wm. E Ja	rbett Si	lver Springe
	18. 420			CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY					nory scleron	in unit.	unknown
	heart failt	re, asthenia, etc. It mes complication which	ns the disease	0444		rosis (old	2)
-		ANTECEDENT CAUS	SES	Q. 0		—	SOLHERAS
O.	DISEASE.	S OR CONDITIONS.	F ANY, GIVING	(B)	a This	incus-	days
UNDERLYING CONDITION LAST.							
TIF		11					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
				FINDINGS OF OPER			20. AUTOPSY?
EDICA		ENT, SUICIDE,	21B. PLAC	E OF INJURY (e.g., in	or 21c. WHERE DID ()	If in Baltimore City,	give exact location)
MEL	HOMICIDE	(Specify)	about home, far	rm, factory, street, office hldg., e	otc.) INJURY OCCUR?		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE						
	00 77 7		m.	WORK AT WORK	1012 155	- A - A - A - A - A - A - A - A - A - A	
		y eertify that I att live on Sep 30			red at 3.05 Pm., from t		
	23A. SIGNA		Ros		3B. ADDRESS	2/201/70	23c. DATE SIGNED
24	A. BURIAL	CREMA- 24B. DATE	2.	4c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	n, or courty) (State)
	Dune	al 10/4/	50 1	avilina	ator Matul	- Win	ainias
	CAL REGIST	RAR	SIGNATUR	5,0 G /	25. FUNERAL DIRECTOR	0 1	ADDRESS
16	T = 1 195	U land	water /	MULLANDER, M. M.	Warnet 6.	ump	mey
	VS 150	- X		The state of the s	9201	ilver &	Jenings?



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR outside corporate limits, write RURAL and give township) Yrs. Mos. Days c. Length of stay in Baltimore 5. SEX last birthday) Months: Days Hours: Min. 12. CITIZEN OF 15. WAS DECEASED EVEN IN U.S. ARMED FORCES? (Yes, no or unknown) (If es, give war or dates of aervice) 16. SOCIAL (Yes, no or unknown) SECURITY NO ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-CE TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a, DATE OF OPERATION . 19B, MAJOR FINDINGS OF OPERATION 20, AUTOPSY? DICAL

O			YES
1A. ACCIDENT, SUICIDE,	218. PLACE OF INJURY (e. g., in or	(If in Baltimore City,	give exact location

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY WHILE AT NOT WHILE! AT WORK WORK

, that I last saw the 22. I hereby certify that I attended the deceased from from the causes and on the date stated above. , 1950, and that death occurred at

deccased alive on 1 23A. SIGNATURE

24A. BURIAL, CREMA-DEMOVAL (Specify

DATE RECEIVED BY LOCAL REGISTRAR

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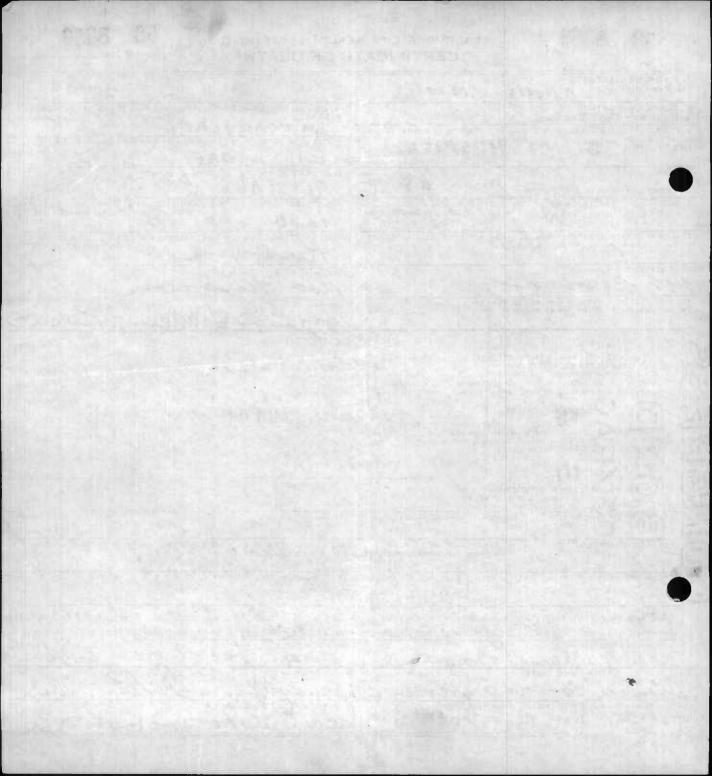
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M-230 50 8358

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8358 Registered No.

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) ANNIE MACHÍ	2. DATE OF 9-30-50 DEATH					
s. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or						
HOSPITAL OR SINAL HOSPITAL	C. CITT OR TOWN 7 (11 outside corporate limits, write RURAL and give					
	BALTIMORE 13-01					
Length of stay in Baltimore ? 4 Yrs.	D. STREET ADDRESS (If rural, give location) 701 LAKE					
5. SEX F 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Il Under I Year Months Days Hours Min.					
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTIPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
not known	not Known					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17/INFORMANT ADDRESS					
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Deviamino Hamlon, 70, Tallo De:					
18. 5/A. 4 CAUSE	OF PRATU					
2017	OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	elm. Embolim?					
(This does not mean the mode of dying, e.g., (A)	com. compourn (
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES	atu /TEhnea					
DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST.	HD					
(C)	116					
OTHER SIGNIFICANT CONDITIONS						
OTHER SIGNIFICANT CONDITIONS CON-						
TO THE DISEASE OR CONDITION CAUSING IT.						
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER						
21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., i	YES NO M					
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?					
FINJURY WHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from	1-16, 1950, to 9-30, 1950, that I last saw the					
deceased alive on 9-30, 1968, and that death occur						
	238/ADDRESS 23c. DATE SIGNED					
Milliam Jangel M.D.	Jenar Horpital 9-30-50					
24A BURIAL, CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24b. LOCATION City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIAECTOR ADDRESS					
GCAL REGISTRAR Thurtugter, Williams	all fewer he 2100 Gutaw /B					
VS 150						



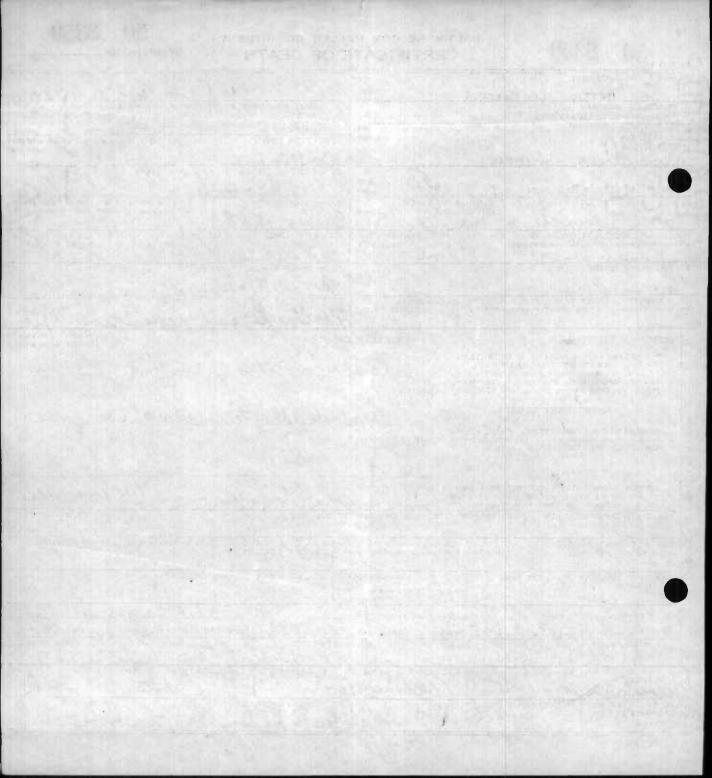
4.523 50 8359

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8359

Registered No.__

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF
HATTIE LOWENSTEIN 3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND Baltimore
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
UNION MEMORIAL HOSPITAL	3d/times (3-0) township)
VALUE PIEMORIAL MOSPILAL Yrs.	D. STREET ADDRESS (If rural, give location)
A 20 Most	0111 0 1 0
5. SEX 16. COLOR OF RACE 7. SINGLE MARRIED	996 Brooke Tene
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year Months: Days Hours: Min.
t Jewish married	Aug 15, 1878 12
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. EIRTHPLACE (State or foreign country) 12. CITIZEN OF
nrk done during most of working life, even if retired)	WHAT COUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAISEN MAIS
0 10	14. MOTHER'S MAIDEN NAME
Since don	Anda Josselson
15. WAS DECEASED EVER WU, S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give wer or detes of service) SECURITY NO.	17. INFORMANTO
SECURITY NO.	Marton Rosan - Lasto Nous Olta
	Manue Large Vale Dans - de
18. 23/X CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A)	womenly accident 3 weeks
heart failure, asthenia, etc. It means the diseasc,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	1'1 +' 1 2
(B) /Jen	walnut artemoscleurses years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	0
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON.	D 1 'I'M
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Bronchofneumonia pilatud / week
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
	YES NO X
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., In	
HOMICIDE (Specify) about hnme, farm, factory, street, office bldg., et	
L-21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
	- 21 cm 5-14-20 cm
22. I hereby certify that I attended the deceased from Au	1950, to Jeff 30, 1950 that I last saw the
deceased alive on 30, 1930, and that death occur	red at 7.074, m., from the causes and on the date stated above.
23A. SIGNATURE 2:	38. ADDRESSINIM MEMORIAL NEGLETICS. DATE SIGNED
Altrik J. Millson M.D.	Baltimore 18, Maryland See 730,1950
244 BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETER	
TION, REMOVAL (Specify)	on thatis me
and the state of t	25. FUNERAL DIRECTOR () ADDRESS
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	10 3 00 8 - 21
1-11300 Inmante	cer pewer My 2/06 ordan 10
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BALTIMORE CITY HEALTH DEPARTMENT 8360 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE BENSTEIN (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL SIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 200 before admission) BCOUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location OWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. O. STREET ADDRESS of rural, give location) MUS. ngth of stay in Baltimore Service Co. 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours Min. WED, DIVORCE (Specify) wue a 10A. USUAL OCCUPATION (Give kied of work doos during most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHE ACE (State or foreign country) 12. PITIZEN OF HATCOUNTRY INDUSTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or uokoown) (If yes, give war or dates of service) SECURITY NO. 22.2 CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) 3.3 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! 22. Interchy certify that I attended the deceased from 30. 1950 and that death occurred of deceased dive on .m., from the causes and on the date stated above, 23A SIGNATURE BE. DATE SIGNED 24A BURIAL, CREMA-TION REMOVAL (Spectry) 24D. LOCATION (City, town, or/county)

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

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ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT 8361 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Sarah Cooperman (Type or Print) 9-30-50 3. PLACE OF DEATH: 4. USUAL RESPONCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR outside corporate limits, write RURAL and give C. CITY AWOT B INSTITUTION Yrs. Length of stay in Baltimore 6. COLOR RACE 7. SINGLE, MARRIED If Under 1 Year OWED, DI ORCED (Specify) t bir day) Months Days Hours: Min. 10A. USUAL OCCUPATION (Giyekindor work doug during most of working life, every fretired) 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. PATHER SYAME 15. WAS DECY SED EVER IN U. S. ARMED FORCES? (Yee, no or onknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 43X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (1) Hypenlusive Condurvosculus (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A, ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from 9-19, 1959 to 9-30, 1959 that I last saw the deceased alive on 9-30, 1959, and that death occurred at 11959 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Hosp. Md. 9-30-50 MHEdwards 24C. NAME OF CEMETERY ON CHEMATORY 24D. LOCATION Wity, town, or county BURIAL, CREMA-24B. DATE

FUNERAL DIRECTOR

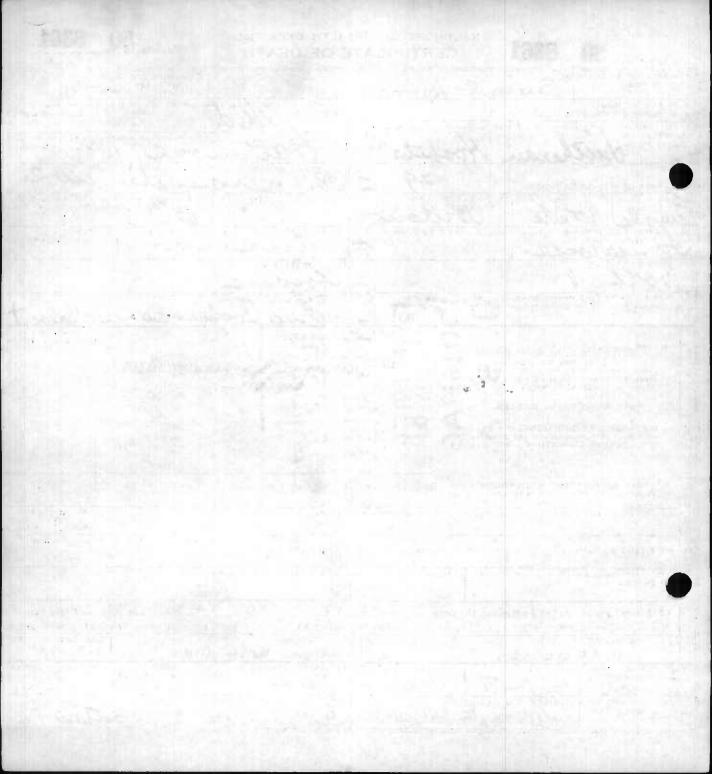
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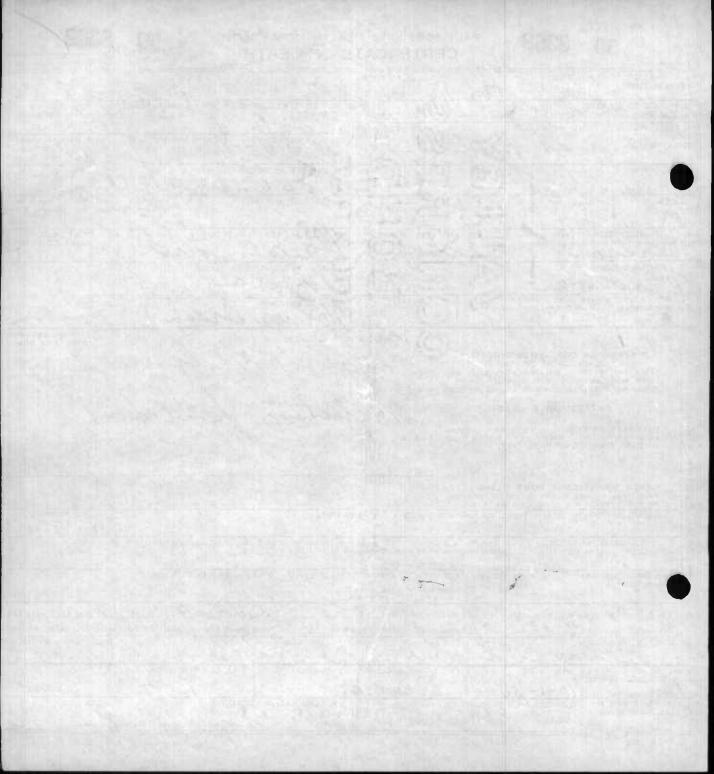
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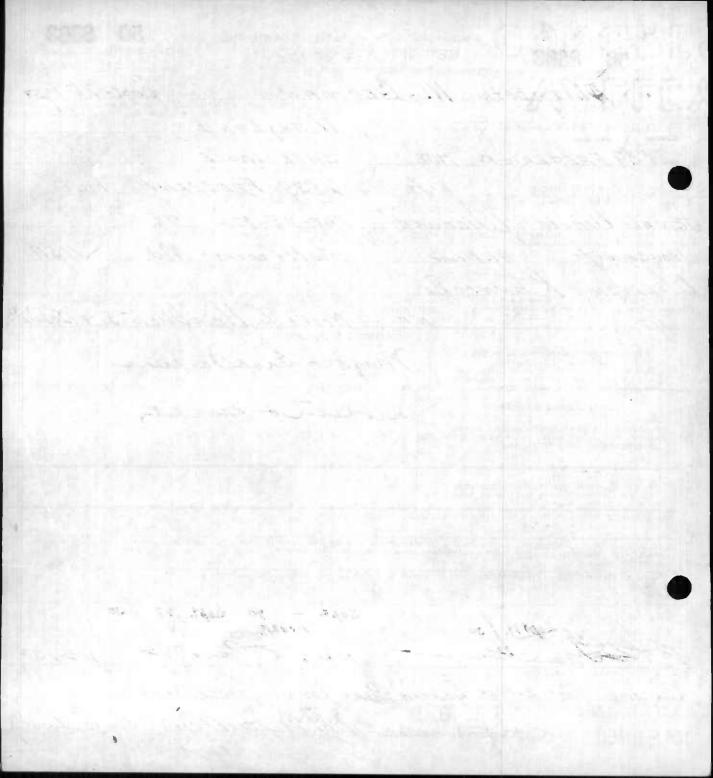
	B-6	20 50	8362		TIMORE CITY H			zistered No.	362
ВІ	RTH NO.				CLICITICAT	E OF DEAT		, , , , , , , , , , , , , , , , , , , ,	
	NAME OF ype or Print		E E	A.	13RA	SH	2. DATE OF DEATI	9 -	29-50
A.	PLACE OF Baltimore	City,	Maryland	Longi	Harf-Kalj	A. STATE	ENCE (Where decease		itution; residence before admission
	FULL NAM DSPITAL OF		(If not in hospit	al or instituti	ion, give street address o	1	ng		
	STITUTION		nac 1	Nest for	tal - Balt	Baltu	Mil outside cor	porate limits, w	rite RURAL and give township
				0	PI Yrs.	D. STREET ADDR	SS (If rural, give l	ocation)	
		stay in	n Baltimore		Mos. Dnys	2700 C	esewor	·	ue
5.	SEX	6. CC	LOR OR RACE	7. SINGLE	E. MARRIED.	8. DATE OF BIRTH			1 Year Il Under 24 Hours s; Days Hours Min.
10	A LISTIAL (CCURA	TION (Give kind of	ma	OF BUSINESS OR	1	12	المح	
702	done during mo	st of working	ng life, even if retired)	Elo	INDUSTR		State or foreign count	2	. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME	A	-56	1	14 MOTHER'S MA	DEN NAME	,	
6	Dex	au	der			Mugel	a		
15 (Yes	. WAS DECE.	ASED EVE	R IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. WEORMANT	Brail	ADDI	esss S
-	1.0	1				100min	15 care	. – &	, acce
	18. 19	64			CAUSE	OF DEATH			ONSET AND DEATH
	DISE		CONDITION DING TO DEA		P		Klin		
	(This d	oes not r	mean the mode	of dying, e. s	s., (A) Caru	000/	2/2200	******************	
	injury	or comp	henia, etc. It mes lication which	caused death	e, i.) OUE TO	1			
_		ANTE	CEDENT CAUS	SES	me	testatu	home!	Shame!	
ATION			CONDITIONS,			***************************************			
CAT			CONDITION LA		TE OUE TO				
FIC					(C)				***************************************
ERTI	OTHER	SIGNII	FICANT COND	ITIONS COM	٧-	6.3.3			
CE	TRIBUT	NG TO T	HE OEATH, BUT	NOT RELATE	-0				
_	19A. DATE				FINDINGS OF OPE	RATION			20. AUTOPSY2
¥.									YES NO
EDICA	21A. ACCI HOMICIDE		UICIDE, ecify)		CE OF INJURY (e. g., arm, factory, street, office bldg.			ore City, give	exact location)
Σ	-01	(75	Y Dear West	(77)					
	F INJUR	Y	(Day) (Year)	146	21E. INJURY OCCUR		INJURY OCCUR?		
				m.	WHILE AT NOT WHILE WORK AT WORK				
	22. I her	eby cer	tify that I att	ended the	deceased from 9	1952	2 to 9 - 27	, 19 J. 4	hat I last saw the
	deceased		11 201		and that death occu	erred at 4 2 5m.	, from the causes		
	23A. 21GN	ATURE	B	17-1	1	23B. ADDRESS	11.1		3c. DATE SIGNED
	190	lev	m	15/6	man. O.	Surar	1xaaga		7-27
24 TIC	NoREMOVAL	CREMA (Specify	2/4B. DATE	1	4c. NAME OF CEMET	ERY OR CREMATORY	~		county) (State)
	Burea	R	10-1-5	00	arlenge	one	120	lto	ny
	TE RECEIV		REGISTRAR	SSIGNATU	RE	25. FUNERAL DIR	ECTOR	AI	DRESS
	CAL REGIS	*OFO	houters	torn / Vale	udella (4/18)	Jack Vous	ine	2100 6	elain PL
	W\$ 150	1336				1			- 0
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

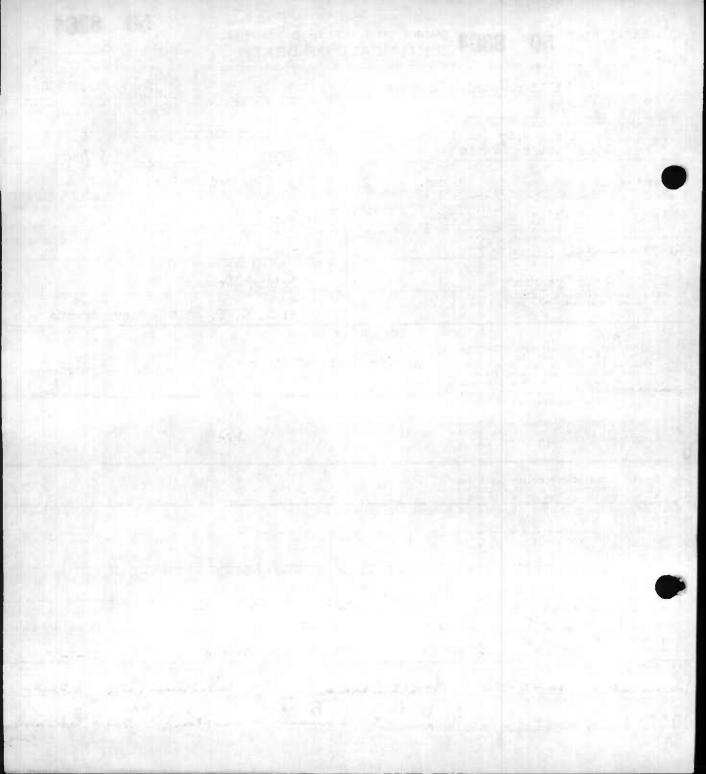
BIRTH NO. 50 83	53	CERTIFICAT	E OF DEATH	Registered I	VO			
1. NAME OF DECEASED (Type or Print)	- 1 - 11	10 11-		2. DATE.	. 20			
3. PLACE OF DEATH:	a beth	111 - 15EN	1 4. USUAL RESIDENCE	(Where deceased lived, If				
B. FULL NAME OF (If not	and t in hospital or institution	on, give street address o	A. STATE	B. COUNTY	before admission)			
HOSPITAL OR INSTITUTION		location		(If outside corporate limit				
6839 FREC	ERICK	HUE.	Baltimo		-06 township)			
anoth of ctay in Polt	imono	Yrs. Mos.	12000 5	(If rural, give location)	1) 00/			
5. Sex 6. COLOR O	RACE 7. SINGLE	MARRIED.	8. DATE OF BIRTH		Under I Year If Under 24 Hours			
TEMALE Whi	/ ///.	ED, DIVORCED (Specify	Abe- 28-187	Z last birthday) Mo	nths Days Hours Min.			
10A. USUAL OCCUPATION (I work done during most of working life, eve	Give kind of TOB. KIND	OF BUSINESS OR	1. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY			
HOUSEWITE	At. Ha		Malling.	ee. Md.	11.517.			
13. FATHER'S NAME	6		14. MOTHER'S MAIDEN	NAME				
15. WAS DECEASED EVER IN U.	S. ARMED FORCES?	16. SOCIAL	17. INFORMANT					
(Yes, no or unknown) (If yes, give	war or dates of service)	SECURITY NO.	Nottie 6. F.	laishuahi	2./10 /90/ais			
18. 2604		CAUSE	OF DEATH	CIN VEC /	INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY								
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
injury or complication which caused death.) DUE TO								
ANTECEDEN	enelete							
DISEASES OR CONDIT					***************************************			
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OTHER SIGNIFICANT	CONDITIONS CON-							
TO THE DISEASE OR CO	ONDITION CAUSING IT							
19A. DATE OF OPERATIO	ISB. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?			
21A. ACCIDENT WAS U		CE OF INJURY (e. g.,		(If in Baltimore City,				
LYING OR CONTRIBU	TING about nome, in	rm, ractory, street, omce didg.	.etc.) INJURY OCCUR?					
F INJURY (Month) (Day		1E. INJURY OCCUR		JRY OCCUR?				
	m.	WORK NOT WHILE						
			Sept , 1950, to					
deceased alive on	17: 10 50 , a		rred at //: 02/3., from	n the causes and on ti	ne date stated above.			
1 Noons	e De	M. D.	11238/	and for	9/30750			
TION BEMOVAL (Specify)	. DATE 2	4c. NAME OF CEMET	ERY OR CREMATORY 240	LOCATION (City, town,	or county) (State)			
Burial Coca		ouder Par	Kloem. M	olto- Mes				
DATE RECEIVED BY REG	ISTRAR'S SIGNATUR	0.0 0	STATE OF THE CO	((/2	ADDRESS			
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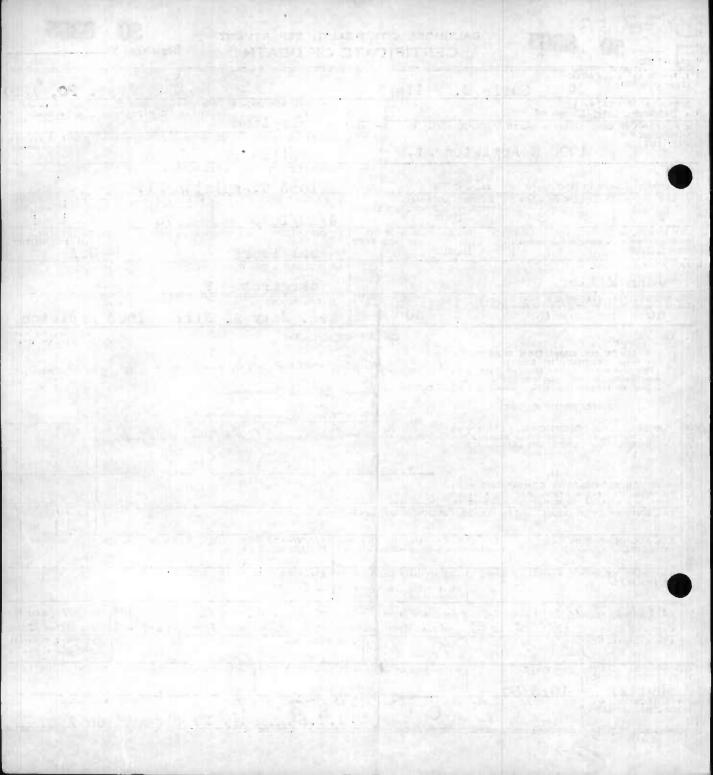
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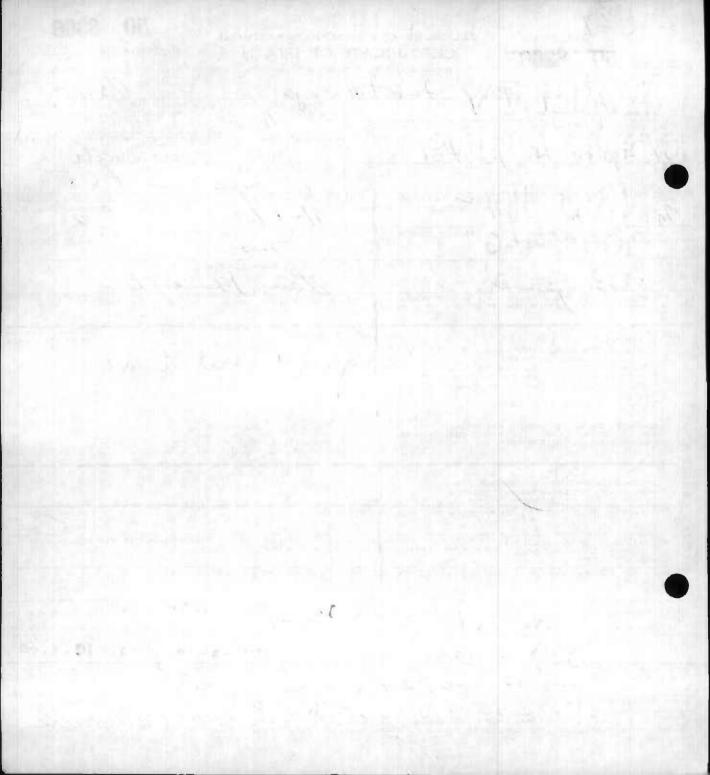


BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Susie M. Miller DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1003 N Appleton St. township) Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. Life Length of stay in Baltimore 1003 N. Appleton St. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) 8. DATE OF BIRTH last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 4/10/1875 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Home Home Baltimore USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Miller Margaret 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or ookoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. no Mrs. Mary A. Miller 1003 Appleton INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL VES NO 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT WORK 3 6 , 1930, that I last saw the 1950 to Se 22. I hereby certify that I attended the deceased fromdeceased alive on 30, 1950, and that death occurred at /2 . 30 fm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 30/50 120201 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) 24B. DATE Burial 10/3/50 Baltimore 25 TUNGRAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR Stansbury 2700Edmondson



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STAT B, COUNTY / before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) St. agnes oalonson Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months Days Hours Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, sive war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST, (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ы TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, ferm, fectory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK 19 to . 1900, that I last saw the 22. I hereby certify that I attended the deceased from 19 and that death occurred at 4 m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE NAME OF CEMETERY OF CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE AL DIRECTOR DDRESS LOCAL REGISTRAR

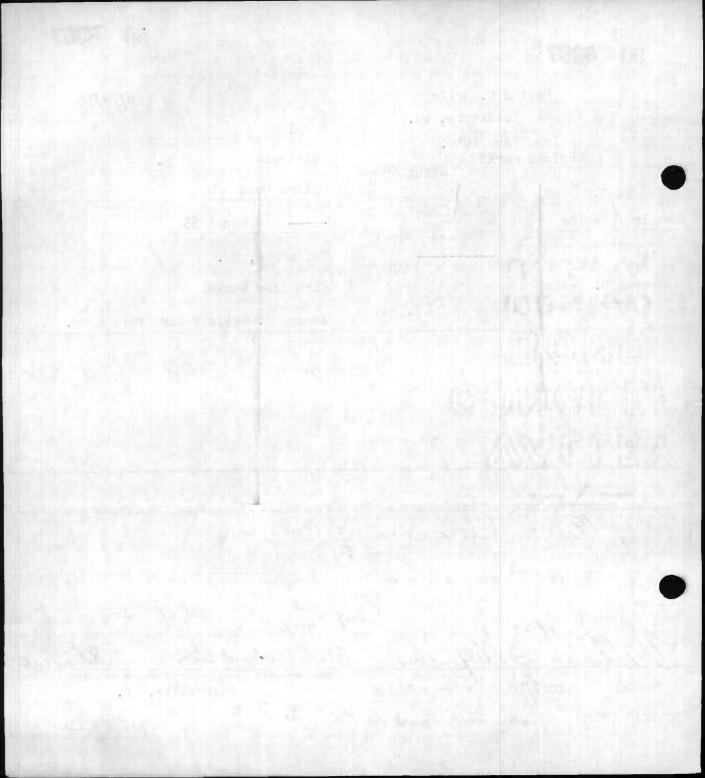


W-420 BIRTH NO 8367

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

JU	0001
Registered	No.

BIRTH NO.							
1. NAME OF DECEASED (Type or Print) Bertha C. Wells	2. DATE OF 0/00/F0						
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md. B. FULL NAME OF (If not in hospital or institution, give street address or							
HOSPITAL OR Roland Park Apts. location) Roland Park	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
About 55 Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) **Upland Road**						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Under I Year Months Days Hours Min.						
10a. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Joseph H. Wells	Katherine Kunkel						
15. WAS DECEASED EVER IN U, S. ARMED FORCES? Yes, no or uoknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Joseph H. Wells Roland Park Apts.						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING TO	censon of Color 1480V						
Cluy 14, 1950 Caremona	ATION 20. AUTOPSY? VES NO DE 121C. WHERE DID (If in Baltimore City give exact location)						
21A. ACCPDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21C. WHERE DID (If in Baltimore City, give exact location)						
NJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from lug 3 19 Vto Play, 1950, that I last saw the deceased alive on 19 19 50 and that death occurred at 7 Py., from the causes and on the date stated above							
Welliam Helfrech M.D.	5006 Koland all Oct 1, 1850						
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 10/2/50 Druid Ridge	Pikesville, Md.						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DISECTOR O ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS						
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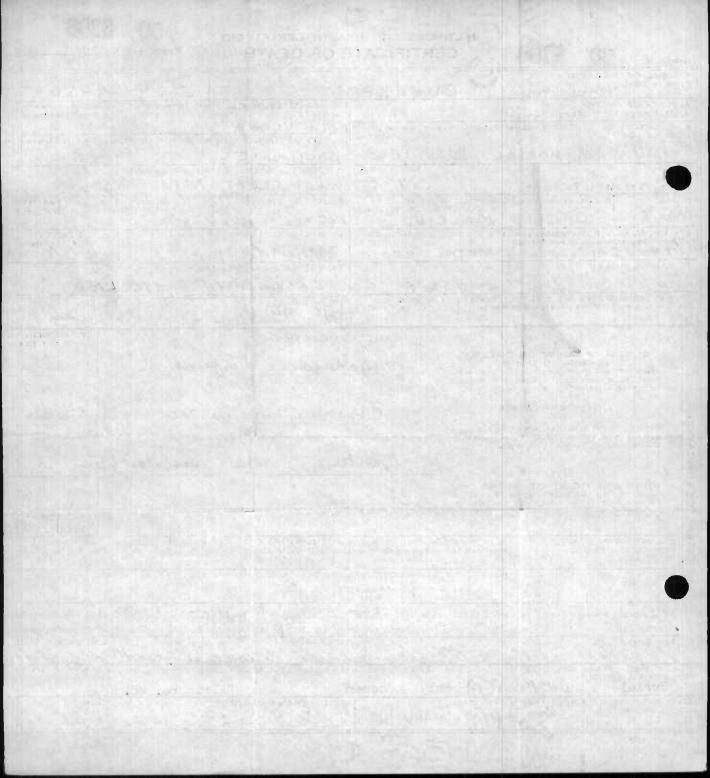


6-256

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8368 Registered No.

BIRTH NO.								
1. NAME OF DECEASED (Type or Print) WILLIAM T. EISENHAR	2. DATE 0F 9-20-50							
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)							
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	MARYCAND							
INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
UNION MEMORIAL HOSPITAL	o. STREET ADDRESS (If rural, give location)							
ength of stay in Baltimore 57 Mos. Days	6401 CLEARSPRING ROAD							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years Il Under 1 Year It Under 24 Hours last birthday) Months; Days Hours: Min.							
MACE WHITE MARRIED	DETOBER 17,1892 57							
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
MANU FACTURER METAL 600DS	MARYCAND 14. MOTHER'S MAIDEN NAME							
WILLIAM J. EISENHARDT	ELIZABETH MARTLE (HARTLE)							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL	17. INFORMANT ADDRESS							
(Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	Mrs. Ella K. Eisenhand 640 ! Rolem Spring							
18. 420.1 CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DISEASE OR CONDITION DIRECTLY							
heart failure, asthenia, etc. It means the disease,	Cartage and a series of the se							
injury or complication which caused death.) OUE TO								
ANTECEDENT CAUSES Coronau occ lasin 26 hus								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
UNDERLYING CONDITION LAST,	4 1 2							
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED								
TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20, AUTOPSY?							
A STATE OF STRATION OF STRAIN OF STRAIN	YES NO F							
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et								
Z Z								
1-210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?							
m. WORK AT WORK L								
	~ 9-74, 19 10, to 7:10 p.m. 9-24, 1950, that I last saw the							
	red at 7:10 f.m., from the causes and on the date stated above.							
Mallace & Buttick M. D.	Ision Memorial Sorgetal 24 Sept 1850							
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (Sty, town, or county) (State)							
Burial 10/2/50 Holy Redeemer								
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS							
-0CT - 1 1950	19. 00, Miscou of X Dusab M. Calvar XX.							
vs 150	F 93D							
2/00	-							



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH Registered No BIRTH NO I. NAME OF OECEASED 2. OATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If finstitution; residence: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. About Mos. West 18/17 gth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male White Married ----- About 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Salesman Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Walter A. McGlannan Genevieve Mansfield 15. WAS DECEASED EVER IN U, S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Walter L. McGlannan 10 Stanley Drive NTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Acute Cardio - Vascular - Respector Chis does not mean the mode of dying, e.g., (A) (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Shock and Extrems upper abdominal Pain ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. OATE OF OPERATION 198. MAJOR FINOINGS OF OPERATION 21A. ACCIOENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE OIO (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW OID INJURY OCCUR? INJURY WHILE ATT NOT WHILE! , 19 and that death occurred at 1 5 m. from t 22. I hereby certify that I attended the deceased from 9/29/50 50 19 that I last saw the deceased alive on 9/30/50 Am., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) Burial 24B. DATE 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) New Cathedral Baltimore, Md. REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR OATE RECEIVED BY ADDRESS LOCAL REGISTRAR Taxatre a love / lette aille VS 150

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8370 Registered No.

B	RTH NO. 1	136374									
(T	NAME OF C ype or Print)	Lou	isa H	a11 R.	oBi,	25071	2	OF DEATH	Sept.	30,195	0
	Baltimore	EATH: City, Maryland				4. USUAL RESIDEN	NCE (When	e deceased l	ived. If instit	ution: reside	nce
	FULL NAME	OF (If not in he	spital or instituti	on, give street ac	ddress or	Marylo		.,			
	A 130	1 Park	avenue			Ballius	re		1-0	te RURAL a	nd give vnship
C		tay in Baltimor		587	Yrs. Mos. Days	1001 St	-	al, give locat			
J	Emele	6. COLOR OR RA	WIDOW	MARRIED, ED, DIVORCED	(Specify)	Ofl. 22,186	63	last birthd	ears H Under ay) Months	Days Hours	24 Hours Min.
1C worl	k done during most	CUPATION (Give ki of working life, even if ret	ndof 10B. KIND	OF BUSINESS	OR	11. BIRTHPLACE (Sta	late or foreign	n country)		CITIZEN OF	NTRY
	Br /	lu Charles		du		14. MOTHER'S MAIL		cia d	Valle		
(Ye	s, no or unknown)	ED EVER IN U.S. AF (If yes, give war or	MED FORCES?	16. SOCIAL SECURITY		17. INFORMANT W. Hall Har	ris, &	. 4	33 Tele		1.
NO	(This doe heart failt injury or	SE OR CONDITION LEADING TO COMPANY S not mean the mare, asthenia, etc. It complication which	DEATH de of dying, e. g means the diseas ch caused death AUSES	DUE TO	nuse Ing Page	cauary de gearditeir ergo seleu	rfærs	tion		24 Er Grade	
FICATIC	RISE TO	S OR CONDITION THE ABOVE CAUSE YING CONDITION	(A) STATING TH	C)	Ay	perleuses	7			V	
CERTI	TRIBUTIN	SIGNIFICANT CO S TO THE DEATH, I	BUT NOT RELATE	I-	*************						
1		F OPERATION		FINDINGS OF	OPER	ATION				20. AUTOP	SY?
EDICA	21A. ACCIDI HOMICIDE	ENT, SUICIDE, (Specify)	218. PLA about home, fo	CE OF INJURY	(e.g., in	o or 2 IC. WHERE DIE		Baltimore	City, give e	YES	no L
M	D. TIME INJURY	(Month) (Day) (Y			CCURRI	21F. HOW DID I	INJURY O	CCUR?			
	deceased of	y certify that I				red at 2 A m.,	. /			at I last sa ite stated o	
	23A. STONA	Meson	1		1. D.	1403 Par	kar	e	1	C. DATE SI	500
TIC	OUREMOVAL (S	2 Oct 5	1950	Green	The	rent	Gal	TION (Cits	md md		State)
	ATE RECEIVE	RAR	AR'S SIGNATU	Williams,	MER	150 PUNERAL DIRECTOR	STOR SURPLY	is A	relo 4	GOS Vo	t Fa
	VS 150		0	1.12年1月日本の	10.11	10		1			

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K-412 Kell and BALTIMORE CITY HEALTH DEPARTMENT Registered No ._ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) GERTAUDE KELBAUGH DEATH 4. USUAL RESIDENCE (Where deceased lived, Ifanstitution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF MARYLAND (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) UNIVERSITY BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) gth of stay in Baltimore 3628 KOLAND AVE Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Fehrald MARRIED NOV 17 1870 10A, USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSE WIFE MARYLAND. 13. FATHER'S NAME WM. H. WESTAWAY SOPHIA HUDSON. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO WALTER B, KELBAUGH-3628 ROLAND AVE CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH
(This does not mean the mode of dying, e.g., Ilmonery Embolism heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Multiple Fractures - Right hip + wrist DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (c) Arterio- Selevotie Carlio Vasculer Diseas

OTHER SIGNIFICANT CONDITIONS CON-CERTIFICATION APPROVED BY TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20 AUTOPSY7 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DIF (If in Baltimere City, give exact. Duation) INJURY OCCUR? CHIEF OR ASST. MEDICAL EXAMINER. LYINGS OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) Liberty Rd. near Mason Branch, F Automobile 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

Tourob. / Passenger in 3 auto col-195 Qto Sept. 29, 1950, that Hast saw the 22. I hereby certify that I attended the deceased from Japt. P.m., from the causes and on the date stated above. deceased alive on 50 . 29 . 19 50 and that death occurred at 7

24c. MAME OF CEMETERY OR CREMATORY 24B. DATE

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

N828,0

INJURY

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The second secon 1003 11 A 13 BERLINE, LORES 36 5 5 CUMMO AVE 1628449 G D ... TAN TO STATE OF THE STATE OF TH SOFFIE WORLS TOVA STREET STREET STREET BY THE PERSON NAMED IN THE PARTY OF THE PARTY O

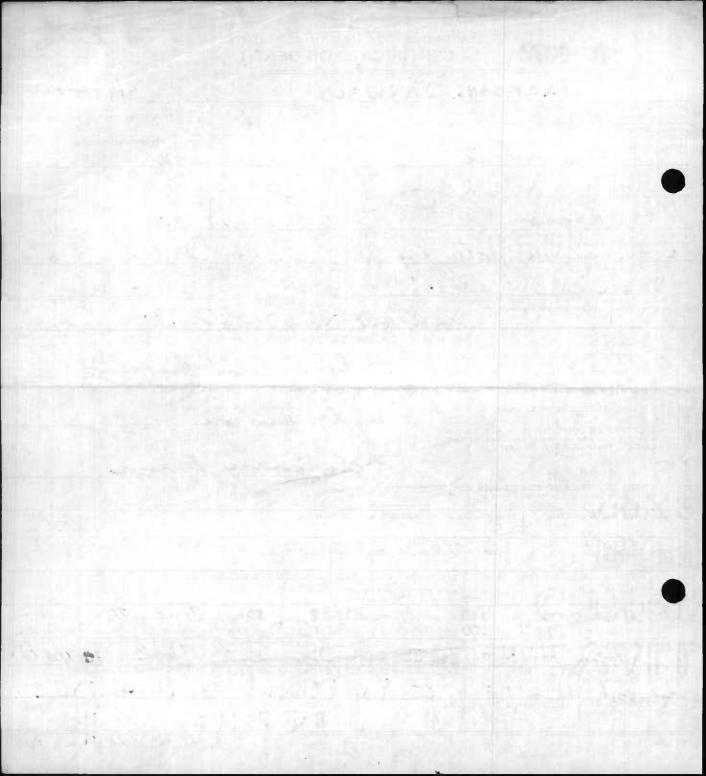
and the manufacture of the the war was the

38 Paris to alone

2.50 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No ... BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) JACKSON, JAYWALD OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY . - before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH 9. AGE (In years | II Under | Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) 10B KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY relied 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or lates of service) 16. SOCIAL SECURITY NO. 6-16-1631 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICA 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE ATT WORK 27 . 1950 that I last saw the 22. I hereby certify that I attended the deceased from-1950 to deceased alive on .. 19.50 and that death occurred at 0 m., from the causes and on the date stated above. 238 ADDRESS 23A. SIGNATURA DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL LOCAL REGISTRAR

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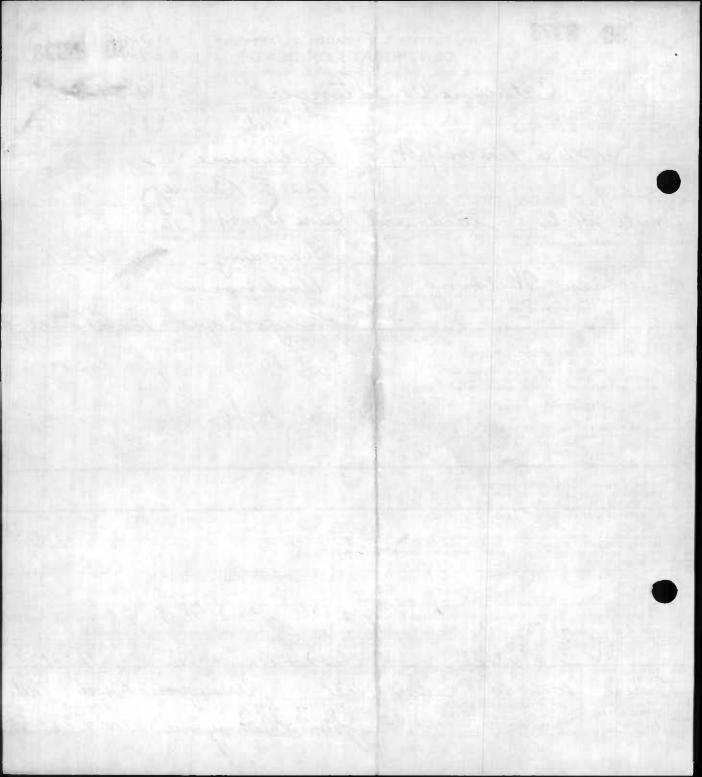


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

Registered No. 8073

BIRTH NO.	
	-50
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. COUNTY	itution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
INSTITUTION 122 & Barney St. (Is altimose of Dela Control of Contr	rite RURAL and give township)
A Journal P	5 4 cownship)
Yrs. O. STREET ADDRESS (If rural, give location) Mos.	
c. Sight of stay in Baltimore Days 22 6. Carrey, 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE UN YEARS 16. Unided 18. DATE OF BIRTH 9. AGE UN YEARS 16. Unided 18. DATE OF BIRTH 9. AGE UN YEARS 16. Unided 18. DATE OF BIRTH 9. AGE UN YEARS 16. Unided 18. DATE OF BIRTH 9. AGE UN YEARS 16. Unided 18. DATE OF BIRTH 9. AGE UN YEARS 16. Unided 18. DATE OF BIRTH 9. AGE UN YEARS 18. DATE OF BIRTH 19. DATE	I Vest 1 H Boder 24 Berry
Female White Single, MARRIED, WIDOWED, DIVORCED (Specify) June 15, 1874 9, AGE (th years list withday) Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BLRTHPLACE (State or foreign country)	CITIZEN OF
work dooe during most of worklog life, even if retired) - INDUSTRY	WHAT COUNTRY?
13. FATHER'S NAME	CON
Herman Wilking Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL 12 INFORMANT /	FSS
SECURITY NO. SECURITY NO. SECURITY NO.	Barrens
18. 33/X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND WEATH
(This does not mean the mode of dying, e.g., (A)	Sch127-49
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	6 mo.
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e.g., io or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 1NJURY OCCUR?	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE	
1/203 2/ (1/10)	at I last saw the
deceased alive on John 19 , 19 BU. and that death occurred at 3 m., from the causes and on the d	
23A. SIGNATURE A A A 23B. ADDRESS 22B. ADDRE	C. DATE SIGNED
M.D. P. I / I'mann	9/30/50
TION, BEMOVAL (Specify)	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR AD	a Ina.
LOCAL REGISTRAR	J. PICA
111 - 2 1050 1 humble for House John Thenny Jue 715	Hight IT
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

B	BIRTH NO.			CERTIFICATI	E OF DEATH	registere	и но
_	NAME OF DE	CEACED					
('	Type or Print)	MINNIE	B.	GRAY		2. DATE. OF DEATH	9-30-50
A		ity, Maryland			4. USUAL RESIDENCE	(Where deceased lived B. COUNTY	. If institution: residence before admission
Н	FULL NAME (OSPITAL OR NSTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give
0	10	20 W. L.	EE 57		BALTIM	ORE 2	2-0 township
C	ength of st	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (,	
5	SEX	6. COLDR OR RACE	WIDOW	E. MARRIED. (ED. DIVORCED (Specify)	8. DATE OF BIRTH FE/3. 5, 1878	9. AGE (in years last birthday)	Months Days Hours Min.
10	OA. USUAL OCC rk dooe during most of	CUPATION (Give kied of f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S N			William II	14. MOTHER'S MAIDEN		
1		DEVER IN U. S. ARMEI			ELIZA BET	H NASH.	
(Y	os, oo or unknown)	(If yes, give war or date	e of service)	16. SOCIAL SECURITY NO.	Mes VIEGNA M	1. PEED 1090	ADDRESS W. LEE ST
ICATION	(This does heart failur injury or DISEASES RISE TO THE	E OR CONDITION LEADING TO DEA' not mean the mode of e, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, I LE ABOVE CAUSE (A) ING CONDITION LA	TH of dying, e. g. ons the diseas caused death SES F ANY, GIVIN STATING TH	e, .) DUE TO (B)		slowod	C 8 worths
CERTIF	TRIBUTING	GNIFICANT CONDS TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	o (Intorias	elevatie Le	ort dise	ose ?
AL		rove 0	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA		ENT WAS UNDER. CONTRIBUTING		CE OF INJURY (e. g., id erm, fectory, street, office bldg., e		(If in Baltimore City	y, give exact location)
Σ	-	Month) (Day) (Year)		21E. INJURY OCCURRE	21F, HOW DID INJU	RY OCCUR?	
	22. I hereby	ve on 7 30		deceased fromcand that death occur	, 1930, to		that I last saw the the date stated above.
	234. SIGNAT		eile	- 2	SB. ADDRESS Javo	e St	23C. DATE SIGNED
Z TI	ON REMOVAL (ST	REMA- 2/4B. DATE Decify) /0 - 2	-50	MT. OLIU	RY OR CREMATORY 24D.	LDCATION (City, tov	^
	ATE RECEIVED		SSIGNATU	Mi Quis Ma	25. FUNERAL DIRECTOR		ADDRESS 7/5L(GHT 57-30
	VS 150	· Maren	A THE STATE OF	A STATE OF THE STA			463

DE DE 13EC S-11 ARA 7-9 PAR

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Emilie Emily/Clarkson OF 9-27-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Also California (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN Baltimore City H 4940 Eastern Ave. (If outside corporate limits, write RURAL and give City Hospitals INSTITUTION Eastport Berkeley Yrs. D. STREET ADDRESS (If rivel, give location) Mos. gth of stay in Baltimore 202 Chesaneake Ave 2days Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE in years If Under 1 Year last birthday) Months Days Hours Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Married Dec. 7, 1907 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired)
HOUSEWI.16 INDUSTRY WHAT COUNTRY Angel Island, California at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isabelle Dod Frederick Ferle 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORM Bultimore City Hospital Ses Records: 4940 Eastern Ave. SECURITY NO 080,0 18. CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Poliomyelitis, Bulbar (This does not mean the mode of dying, e.g., lweek heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (a. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK AT WORK 1950, to 9-27-, 1950, that I last saw the 5.25AM, from the causes and on the date stated above. , 19 50 that I last saw the

22. I hereby certify that I attended the deceased from 9-25-1950, and that death occurred at.

The hand of the

4940 Eastern Ave. 24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Removal

23A. SIGNATURE

deceased alive on

24B, DATE 10/2/50

San Francisco, Calif.

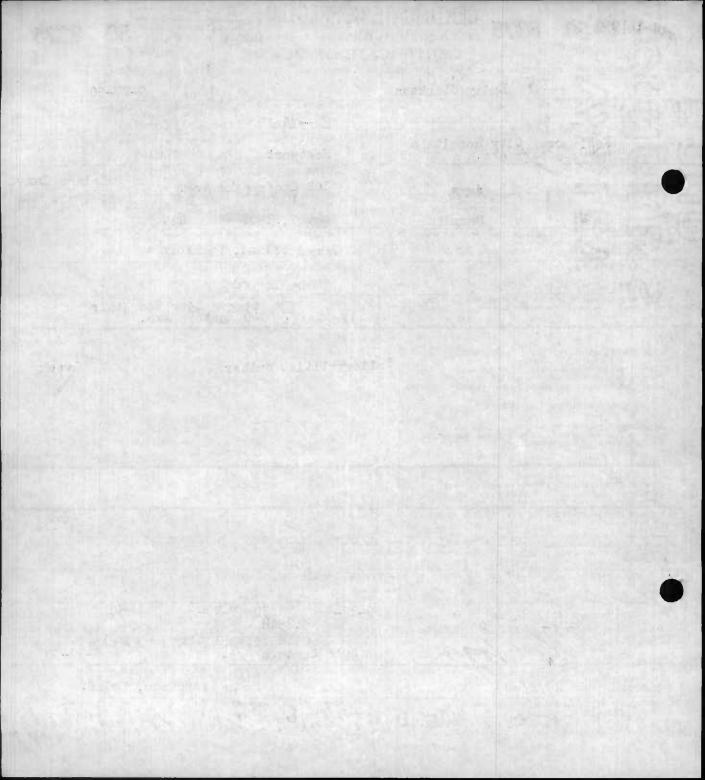
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

238. ADDRESS Baltimore City Hospital &. DATE SIGNED

VS 150

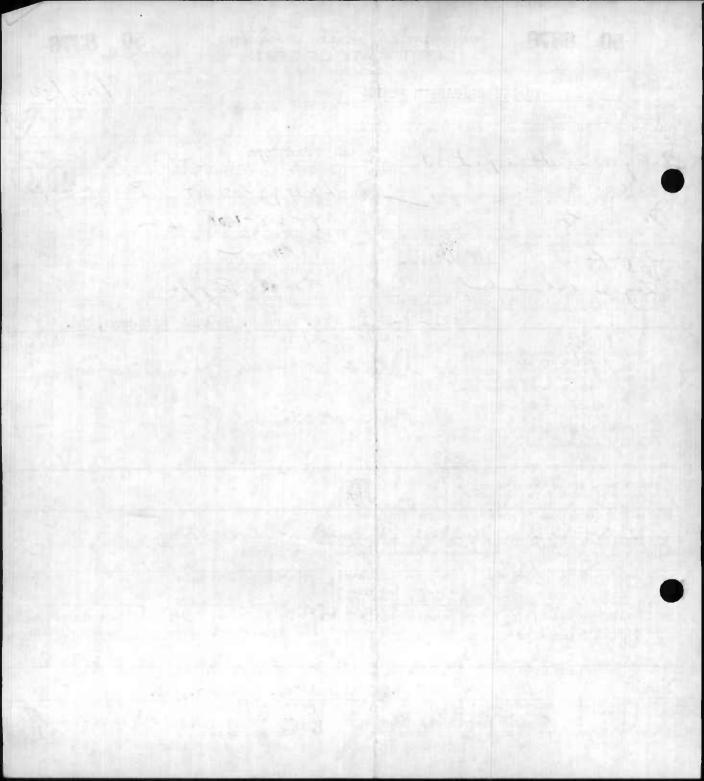


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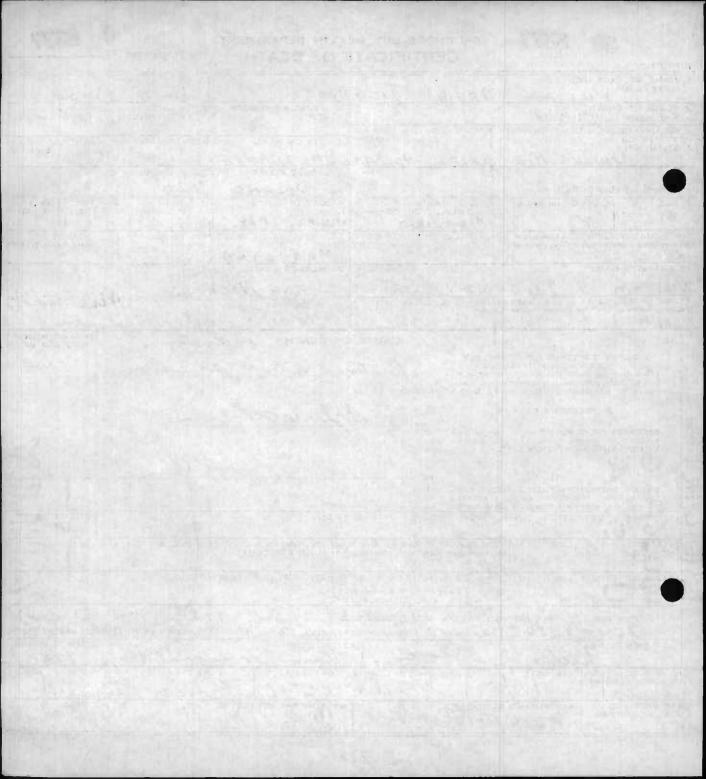
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 8376

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) EUNICE ELIZABETH BOWEN	2. DATE 9/29/50 DEATH 9/29/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	The company was a second
of agnes Hospital.	D. STREET ADDRESS (If rural, give location)
c. Ingth of stay in Baltimore Mos.	II. P. I B
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Under 1 Year Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Of Manager 10 Man	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
15 Was Decraser Super alepander	mai Poff. (Mae Popp)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unbrown) (If yee, give war or dates of service) 216-14-3581	Mr. Jack N. Bowen Pasadena, Md.
18. 252.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	s Cornany Fisselficioner,
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, ferm, factory, street, office bldg.	to or 21c. WHERE DID (If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR NJURY NOT WHILE AT WORK AT WORK	
	rred at 1120 An., from the causes and on the date stated above. 238. ADDRESS 230. DATE SIGNED
24A. BURIAL CREMA- TION REMOVAL (Specify) Burial 24B. DATE 24C. NAME OF CEMETE 10/3/50 Balto. Nat	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTORY Sickner & Fins Cafty
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		50	8377			EALTH DEPARTMENT	00	8377
BI	RTH NO.				CERTIFICAT	E OF DEATH	Registered No-	
1.	NAME OF E	DECEASE	ED .			3.6	2. DATE	
(T:	pe or Print)	WIL	LIAM	DAY	110 TILG	HMAN	OF DEATH 9-30	2.50
	PLACE OF D Baltimore	DEATH:				4. USUAL RESIDENCE	Where deceased lived. If inst	titution : residence
В.	FULL NAME			al or institut	ion, give street address or		B. COUNTY	before admission)
	SPITAL OR STITUTION				location)	C. CITY OR TOWN (I	f outside corporate limits, w	
11	1 6	NIOI	V ME	MORI	AL HOSPITA	BALTIMORE	21-14	township)
					Yrs. Mos.	D. STREET ADDRESS (II	rural, give location)	
C.	sex				Days	4 UPLAND	ROAD	
φ.	M		OR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify)		9. AGE (In years If Under last hirthday) Month	
10	USUAL OF	W	ON (Give kind of		RRIED	JUNE 8, 1898	32	
rork	done during most	of working	life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or)	foreign country) 12	. CITIZEN OF WHAT COUNTRY?
13	EALT C	DIAME				MARYLAND		
14/	'	, D	-				IAME	
15	WAS DECEAS	ED EVED	IN U. S. ARMEE	HMA.	N 37	JANE NIC	HOLS IN	1000
(Yea	no or unknown)	(If yes	, give wer or date	of service)	SECURITY NO.	17. INFORMANT	· A 11 of About	equenus 14
VA	410	1/1	work		mone	11 frs. 11 argu	eruen. Vilgus	nan
	18.	15/1	X_{-1}		CAUSE	OF DEATH sod	oninal	INTERVAL BETWEEN
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	(This does	s not me	an the mode onia, etc. It mea	f dying, e. s	e. (A) Kulpu	rest mount	newypow	
			ation which c				0	
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ATION			ONDITIONS, I		(B)			
F			VE CAUSE (A)		HE DUE TO			
E L			11					
H	TRIBUTING	G TO THE	CANT CONDI	NOT RELATE	D			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0	19A. DATE C		OR CONDITION		FINDINGS OF OPER	ATION		20. AUTOPSY?
A			2					YES NO
DICA	21A. ACCIDE	ENT. SU (Speci			CE OF INJURY (e. g., i	or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, give	exact location)
W.	HOMICIDE	(Dpcc.	3 /	obout some,	orm, rector y, as reet, out to mag.,	INSURI OCCURI		
	INJURY	(Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	WHEEK WILL
				m.	WHILE AT WORK AT WORK			
	22. I hereb	u eerti	fu that I att	ended the	deceased from 9-	2 \$ 1950, to 9	- 30 1950+	hat I last saw the
	deceased a				and that death occur		the eauses and on the c	
	23A. SIGNA	TURE	1./	0/0		3B. ADDRESS		3C. DATE SIGNED
0.1	- Anna -	10	www	×1-	M. D.	Una /her	mal 1 gas	7/30/5
T10	N REMOVAL	Specify)	24B. DATE	100	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or	county) Synt40
1	Suru	U	1010	100	willa	Maye &	prevalle	1010.
LO	TE RECEIVE	RAR	REGISTRAR'S	SIGNATU	William (Mar)	25. FUNERAL DIRECTOR	Till A	DRESS SAID
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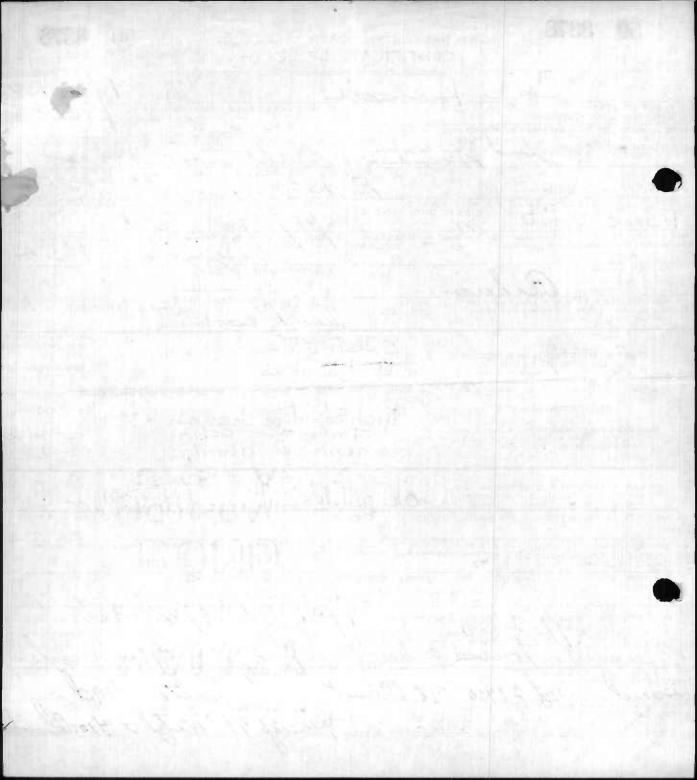
BALTIMORE CITY HEALTH DEPARTMENT

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В	IRTH NO.			CERTIFICAT	E OF DEATH	Register	ed No	
1.	NAME OF D	ECEASED COL	a) b	Jamol	1	2. DATE OF DEATH	9/28/50	
Α.		City, Maryland			A. STATE		ed, If isstitution: esidence before admission	
H	FULL NAME OSPITAL OR ISTITUTION	Mayla	al or institution	on, give street address or location)	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and give	
C	agth of s	tay in Raltimore		Yrs. Mos. Days	O. STREET ADDRESS	(If sural, give location	n) St #	
5	SEX Female	6. COLOR OR RACE	7. SINGLE WIDOW		8. DATE OF BIRTH 2 /17 / 18 96	9. AGE (In year last birthday)	rs If Under 1 Year If Under 24 Hours Min.	
10 wor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State of	or foreign-country,	12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S	NAME PA	house		14. MOTHER'S MAIDEN	NAME		
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17 INFORMANT/ Lee Has	sell (sm)	ADDRESS	
CERTIFICATION	OISEASE (This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, IN HE ABOVE CAUSE (A) VING CONDITION LA	TH of dying, e. g. ns the disease, caused death. SES F ANY, GIVING STATING THE	DUE TO	pricipe diciens ters type he runsy se a silical he	ornia of colon rnia	un Known un Known un Known	
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	LAIDALIC	titisalithias	Obesit is Fally	infiltuer ?	
AL	19A. DATE O	F OPERATION 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in rm, factory, street, office bldg., e		(If in Baltimore C	ity, give exact location)	
W	NJURY MHILE AT WORK MOT WHILE AT WORK AT WORK AT WORK							
22. I hereby certify that I attended the deceased from 1, 195, to 9, 28, 195, that deceased alive on 128, 1950, and that death occurred at 195m., from the causes and on the dat								
	28A. SIGNAT	ultile /	uisa		ADDRESS ADDRESS	Kresalto	D. 23c. DATE SIGNED	
7	Busiel	Heiry Oct 2	1950	mt Olive	et	Balto	town, of county (State)	
	ATE RECEIVED	RAR !	S SIGNATUR	CO C MUE	25. FUNERAL DIRECTO	with	ADDRESS HOLD	

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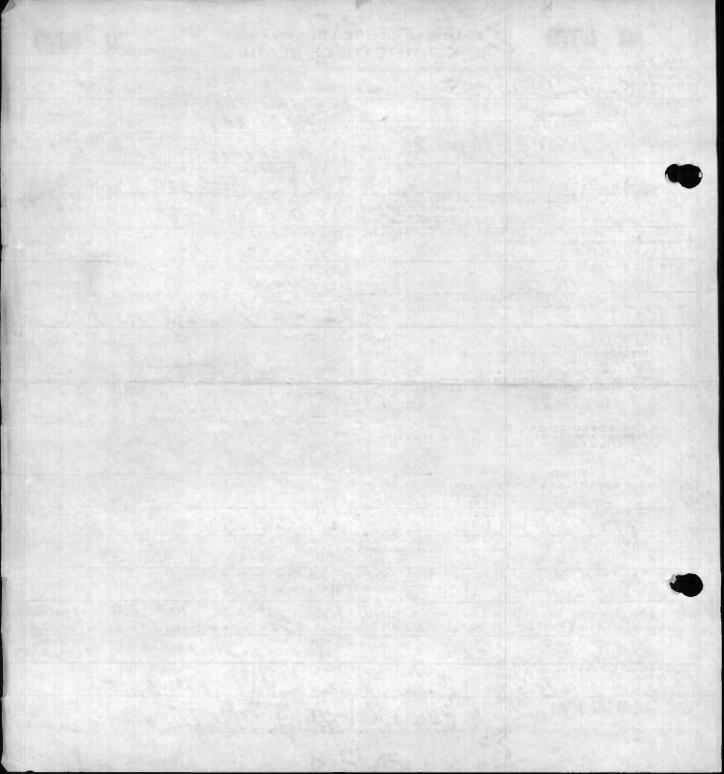
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No

1. NAME OF DECEASED 2. DATE OWLING 30 SEPT 50 OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore ON ROE Days ff Under 1 Year 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months: Days Hours! Min. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dong during most of working life, even if retired) INDUSTRY TOUSE WIFE ENGIVEVE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) -11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, ferm, fectory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) F INJURY 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 22. I hereby certify that I attended the deceased from_ !! 1950 to 30 3col, 1950, that I last saw the deceased alive on 30 Sept. 1950, and that death occurred at m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 30 Self 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTO LOCAL REGISTRAR



BIRTH NO.	CERTIFICATE	EALTH DEPARTMENT OF DEATH	Registered	No
1. NAME OF DECEASED (Type or Print) Helen Neufel	d		2. DATE OF DEATH Oct	ober 1,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institu	tion with the later	4. USUAL RESIDENCE A. STATE Marylan	(Where deceased lived, If	institution : residence before admission
HOSPITAL OR INSTITUTION 4002 Carlisle Ave	location)		(If outside corporate limi	ts, write RURAL and giv
c. Length of stay in Baltimore	Yrs. Mos. Days	d. STREET ADDRESS 4002 Carlisl		
5. SEX 6. COLOR OR RACE 7. SINGLE White WIRD	E. MARRIED. VED DIVORCED (Specify)	8. DATE OF BIRTH Dec, 24, 1903	9. AGE (In years last birthday) Mo	If Under 1 Year II Under 24 liour onths Days Hours Min
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) House Wife	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of New York Ci	ty	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Anton Selkowitz		Sally Deutch	NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Michael Neufel	d 4002 Cerliŝ	DDRESS SLe Ave
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	g., (A)	enon fly	long	10 mo
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE OBATH, BUT NOT RELAT TO THE OISEASE OR CONDITION CAUSING	N.			
19a. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?
	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
TIME (Month) (Day) (Year) (Hour) NJURY m,	21E. INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK			
	and that death occur	ed at 5 ? m., from		he date stated above
23A. SIGNATURE Shorted	м. о.		mondan Are	23c. DATE SIGNED
TION REMOVAL (Specify)	Beth David Ce	meterv Lo	ng Island N. Y	

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DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Sol Fivenon + Bus North ave 49a

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1460 50 8381 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8381 Registered No.

1. NAME OF (Type or Print	DECEASED t)	Jose	TA	LOR	2. DATE OF	9-29-50
3. PLACE OF	DEATH: City, Maryland			4. USUAL RESIDENCE (WA. STATE	DEATH There deceased live B. COUNT	
B. FULL NAM	IE OF (If not in hospit	al or institution, give street		MP.		
INSTITUTION	UNIVERSITY	HOSPITAL	location)	13ALTO.	outside corporate	limits, write RURAL and give
c. Ongth of	f stay in Baltimore	UNKNOWN	YrsMos. Days	509 E.	rural, give locatio	STRUET.
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCE	(Specify)	SEPT 211865	9. AGE (In yeal last birthday) Months: Days Hours: Min.
ork done staring me	OCCUPATION (Give kind of cost of working life, even if retired) Fowel Watchman	108. KIND OF BUSINE	SS OR	11. BIRTHPLACE (State or for		12. CITIZEN OF
13. FATHER'S	SNAME		F9.	14. MOTHER'S MAIDEN NA	ME)	/41
	UNKNOWN			UNK	mon.	
NAS DECE	ASED EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16. SOCIAL SECURI	TY NO.	Ma Maraguet	Deslor 5	ADDRESS 09 & 29 Th Sh
1	2011	C	CAUSE	F DEATH	1	INTERVAL BETWEEN
DISE	ASE OR CONDITION LEADING TO DEA	DIRECTLY TH	w1	1.010	L.	70 2.
(This deart fa	oes not mean the mode of silure, asthonia, etc. It mea	of dying, e. g., (A)	11140	tan Cral Info	actru	20 ms
Injury	or eomplication which o		0	11/	70 /	
2	ANTECEDENT CAUS	(B)	Core	very aletay	1 house so	rsis
RISE TO	SES OR CONDITIONS, I THE ABOVE CAUSE (A) RLYING CONDITION LA	STATING THE DUE TO	0		scleves	
SI	CITING CONDITION EX	(C)	Cou	nacy arnew	screws	3
	П		7 11			
TRIBUTI	SIGNIFICANT CONDI ING TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED		Nove		11-11-12/2
		98. MAJOR FINDINGS	OF OPER	ATION	1000	20. AUTOPSY7
5	0			1 - 2 - 2 - 2 - 2 - 2		YES NO
LYING	OR CONTRIBUTING DE DEATH	21B. PLACE OF INJUI about home, farm, factory, street			f in Baltimore C	ity, give exact location)
210. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY		D 21F. HOW DID INJURY	OCCUR?	
		m. WHILE AT WORK	NOT WHILE			
	eby certify that I att	tended the deceased from	0110	-28 , 19.50, to	4-24	that I last saw the
dcceased 23A,SION		, 19 0. and that dec		red at 1.30 A m., from the BB. ADDRESS	re causes and	on the date stated above.
Wi	4. Carl a	beling	M. D.	University 1	Yospital	9.29.50
100 BEMOVAL	(Specify)	240 NAME OF	CEMETER	Y OR CREMATORY 4D. LO	CATION (City,	
Jure DATE RECEIV	al /2/5		more	OR FUNERAL DIRECTOR	610	than ms
LOCAL REGI		s SIGNATURE	# - ·	25. FUNERAL DIRECTOR	1.14/	ADDRESS ALLAS
CT - 210	950 Thursday	And it a the second sec		BULBURA 912	ugnt 61	og Harford Kd
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STAT (B) COUNTY before admission) Dull B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) D. STREET ADDRESS Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Dowester 13. FATHER S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO. SISTOK INTERVAL BETWEEN 18. 430,0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY decocus vindens Merrigita LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE volvultes calcific UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-

about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING

LD. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE WHILE AT

INJURY WORK

9/23/ 22. I hereby certify that I attended the deceased from 19 (V) and that death occurred at 6 45 Am., from the causes and on the date stated above deceased alive on_ 23A. SIGNATURE

24c, NAME OF CEMETERY OR

21c. WHERE DID

INJURY OCCUR?

38/5, 19 Shat I last saw the 240. LOCATION (City, town, or county)

ADDRESS

20. AUTOPSY

YES

(If in Baltimore City, give exact location)

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CAUSE OF DEATH

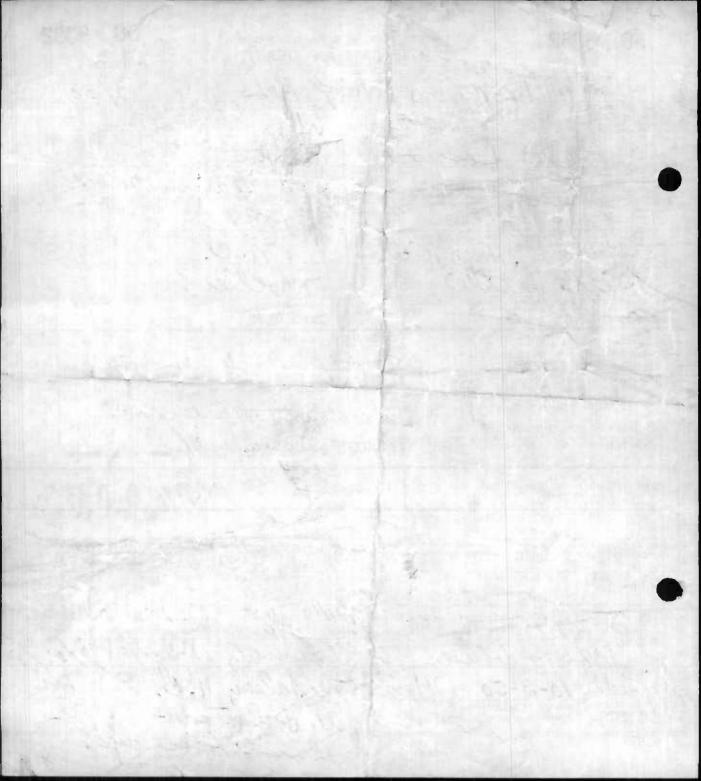
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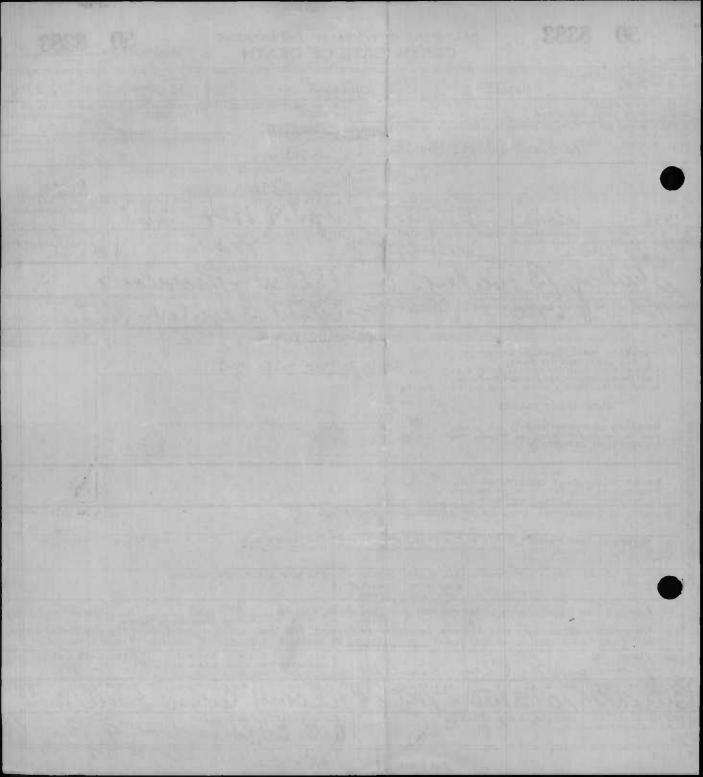
21F. HOW DID INJURY OCCUR?

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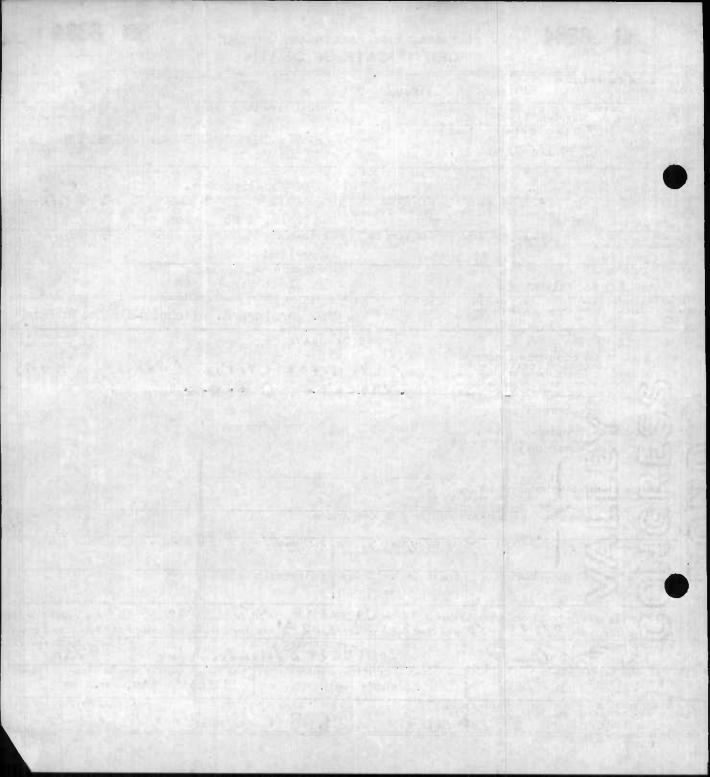
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF September 29, 1950 JOSEPH BEVERLY 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF ("f not in hospital or institution, give street address or Marvland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Maryland General Hospital Baltimore O. STREET ADDRESS (If rurai, give location) Mos. ngth of stay in Baltimore Days 943 Madison Avenue 7. SINGRE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years if Under 1 Year if Under 24 Hours last bighthday) Months Days Hours Min. Male Colored 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108. KIND OF BUSINESS OR during host of working life, even if retired) INDUSTRY Mul S MAIDEN NAME 15. WAS DECEASED EVET IN U. S. ARMED FORCES? SOCIAL SECURITY NO. 18. 080.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Acute bulbar polio myelitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION CAL YES X 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? EDI UTING | CAUSE OF DEATH. 21p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT WORK AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{D} \), accident \(\mathbb{D} \), suicide \(\mathbb{D} \), homicide \(\mathbb{D} \), undetermined \(\mathbb{D} \). 238. CHIEF MEDICAL EXAMINER..... □ 123c. DATE SIGNED ASSISTANT MEDICAL EXAMINER 9-30-50 le M.D MEDICAL INVESTIGATOR 2/48. DATE RY OR CREMATORY 240 NAME OF CEMET 240 LOCATION (City, town, or county (State) REMOVAL (Sp DATE RECEIVED BY ADDRESS LOCAL REGISTRAR V S 151



VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE Sept. 30, 1950 HETEN NORA MITCHELL OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3014 Rosalind Ave. township) Baltimore D. STREET ADDRESS (If rural, give location) Mos. 3014 Rosalind Ave. c. Length of stay in Baltimore Days 5. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. SINGLE, MARRIED If Onder I Year last hirthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Oct. 12, 1865 female whi te wi.dowed 10A, USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harriett Brown Frank Isaac Walker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO. Mr. Jennings H. Mitchell-619 North Bend no INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (Antenioselenotic Cardio-LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, VASCUTAR DISCASE injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from Jaruar, 1942, to 9/30, 1939, that I last saw the deceased alive on 9/27, 1950, and that death occurred at 2 m., from the causes and on the date stated above. 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 3629 Edmondson Aux 130/50 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL CREMA-TION REMOVAL (Specify) BUILAL 248, DATE Ellicott City, Md. 10/3/50 St. John's Cem. 25. BUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ichner - 7 1056

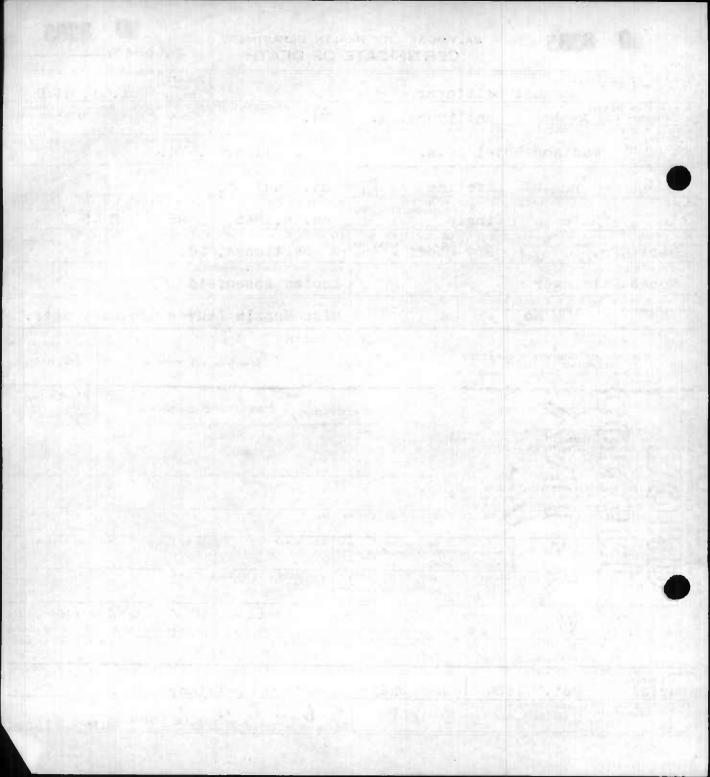


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No...

50 8385

BI	RTH NO.			CERTIFICATI	L OI DEATH	
	NAME OF D		0 11		2. DATE	
		Emanuel	Uett:	inger	DEATH OCT	. 1, 1950
	PLACE OF D Baltimore (City, Maryland	Balt	timore.Md.	4. USUAL RESIDENCE (Where deceased lived, If A. MATE B. COUNTY	institution : residence before admission
В.	FULL NAME		al or institut	ion, give street address or location)		
	STITUTION	Madison H	otel /		C. CITY OR TOWN (If outside corporate limit Baltimore, Md.	s, write RURAL and give township
0	Λ			Yrs.	D. STREET ADDRESS (If rural, give location)	
		4 in D.14	Lifet	Mos.	St. Paul St. (8/7)	11-02
	SEX	tay in Baltimore	T CINCLI	EMARRIED	LO BATE OF BURTH	Under 1 Year IT Under 24 Hours
Me	le	White	Sing	VED, DIVORCED (Specify)	Jan. 26, 1865 85 85	nths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPI ACE (State or foreign country)	12. CITIZEN OF
work	done during most	working life, eyen if retired)	SAAA	2000S MOUSTRY	Baltimore, Md.	WHAT COUNTRY
	. FATHER'S			80000 //	14. MOTHER'S MAIDEN NAME	
	Moses (ettinger			Louisa Rosenfeld	
15	. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL		DDRESS
(Ye	NO unknown)	(If yes, give war or date	of service)	SECURITY NO.	Miss Mozzla Laufer Green	
	11	20.1		611165		INTERVAL BETWEEN
	18. 4				OF DEATH	ONSET AND DEATH
		LEADING TO DEA	TH	(~~~	onan Thrombosis	30 mins
	heart failu	not mean the mode oure, asthenia, etc. It mes	ins the diseas	se,		
	injury or complication which caused death.) DUE TO					many
7		ANTECEDENT CAUS	SES	Cor	man Acterosis	years
Ó		S OR CONDITIONS, I			······	
AT	UNDERL'	HE ABOVE CAUSE (A)	STATING TI	HE DUE TO		
110						
Ē	OTHER (II COND	710110	_ (C)		
CERTIFICATION	TRIBUTING	GIGNIFICANT COND	NOT RELAT	ŁD .		
		F OPERATION 1		FINDINGS OF OPER	ATION	20. AUTOPSY?
AL	10.7.123	0				YES NO
EDICAL	21A. ACCIDE	ENT, SUICIDE, (Specify)	218. PL/	ACE OF INJURY (e. g., is farm, factory, atreet, office bldg., c	n or 21c. WHERE DID (If in Baltimore City, getc.) INJURY OCCUR?	give exact location)
ME		(22000)				
4	ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
L	HASOKI		m.	WHILE AT NOT WHILE		
	22. I hereb	v certify that I att	ended the	deceased from	ay 1949, to act. 1, 195	that I last saw th
		live on Oct 1		and that death occur		
Я	23A, SIGNA	/	11		23B. ADDRESS / P	23c. DATE SIGNED
		Lauis		M.D.	420 AT. Valle	2 Oct. 50
	AA. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMETE		or county) (State)
E	urial	pet.2,1			Cemetery Baltimore, Md.	ADDRESS
	ATE RECEIVE			WELLY IN	25. FUNERAL DIRECTOR	
_	OCT - 2	1950			Wait forthern y for 1902 1	Sutaw Place



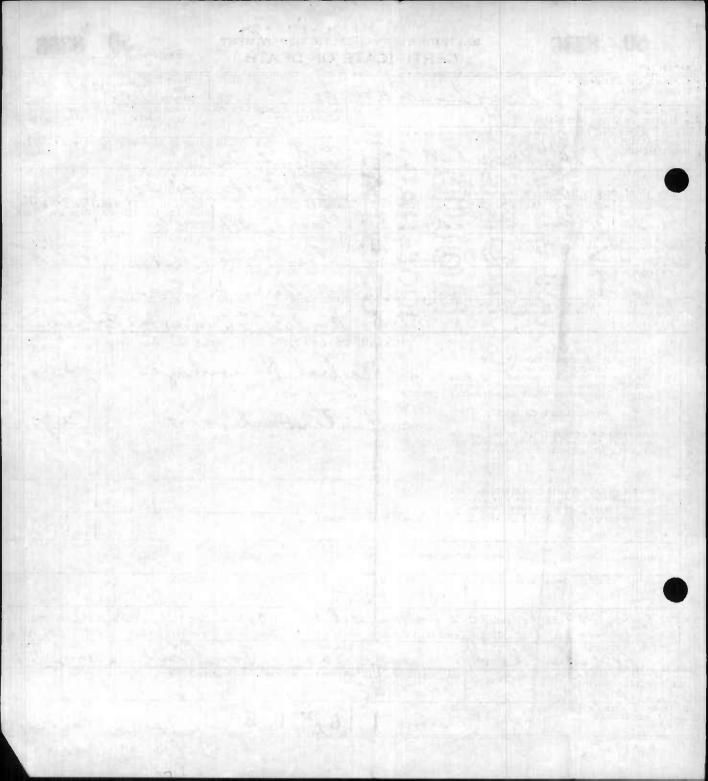
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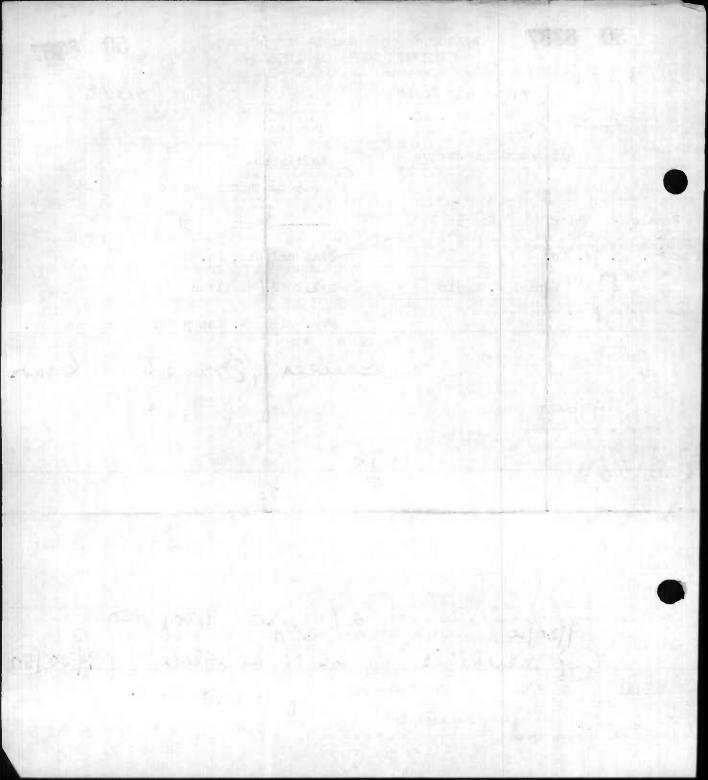
BALTIMORE CITY HEALTH DEPARTMENT

egistered No. 8386

В	RTH NO.			CERTIFICATI	OF DEAT		
	NAME OF D ype or Print)	ECEASED M	ary L	_ uolwit	ke	2. DATE OF DEATH	Lun. oct.1,
	PLACE OF D Baltimore (EATH: City, Maryland	0.		A. STATE	ENCE (Where decease	d lived, If institution; residence UNTY before admission)
H	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN	/.	orate limits, write ItURAL and give
IN	STITUTION	1702/	rorsh	cell 8st	n n+	mare	township)
7			0,	Yrs.	D. STREET ADDRE		cation)
C.	Length of s	tay in Baltimore	Tife	Mos. Days	386.	Heath	17-25-02
2	remale	Mut	WIDOM	MARRIED. ED, DIVORCED (Specify)	nov. 19	1887 9. AGE (In last birt	hday) Months Days Hours Min.
	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE	state or foreign country	12. CITIZEN OF
-		mye -	Coro	Honne	Balti	mas, hos	V 4.5.A.
12	Chas	les Elli	0\$		Hather's MA	O POOME	2m
15 (Ye	. WAS DECEASI	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS RO
	no			none	Mm. J. Elle	soft- (flon)	201 Edgewale
	18. 33	3/X	1	CAUSE	OF DEATH	Balto -	25 mg. INTERVAL BETWEEN ONSET AND DEATH
ŀ		SE OR CONDITION LEADING TO DEA	TH	C.	. C. I &		28.
	heart failu	not mean the mode are, asthenia, etc. It mea	ans the disease	e,		- Contract	- Lays
	injury or	complication which	caused death	.) DUE TO			
				0			
Z		ANTECEDENT CAU			terosa	levois	291.
NOIL	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A)	IF ANY, GIVIN	G	rteros	levosis	29.
ICATION	RISE TO T	S OR CONDITIONS,	IF ANY, GIVIN	G	time	levosis	291.
TIFICATION	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. II	IF ANY, GIVIN STATING TH AST.	(C)	rteros	lerosis	29).
ERTIFICATION	OTHER S	S OR CONDITIONS. THE ABOVE CAUSE (A) YING CONDITION L. II BIGNIFICANT COND 3 TO THE DEATH, BUT	IF ANY, GIVIN STATING TH AST, ITIONS CON NOT RELATE	(C)	tems	lerosis	2 ys.
CERTIFICATION	OTHER STRIBUTION	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. II SIGNIFICANT COND 3 TO THE DEATH, BUT DISEASE OR CONDITION	IF ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE N CAUSING I	(C)		levois	2 9),
CAL CERTIFICATION	OTHER STORMS TRIBUTING TO THE D	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. II SIGNIFICANT COND TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION	IF ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE N CAUSING 1	(C)	ATION		YES NO
IEDICAL CERTIFICATION	OTHER STORMS TRIBUTING TO THE D	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L II BIGNIFICANT COND TO THE DEATH, BUT DISEASE OR CONDITION	IF ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE N CAUSING I' 19B. MAJOR	(C)	ATION	OID (If in Baltimo	
ā	OTHER STRIBUTION TO THE DISTANCE OF THE DISTAN	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. II BIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION ENT, SUICIDE,	ITIONS CON NOT RELATE OF CAUSING 19B, MAJOR	(C)	ATION i or 21c. WHERE E	OID (If in Baltimo	YES NO
ā	OTHER STRIBUTION TO THE DESTRIBUTION OF T	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. II SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION ENT. SUICIDE, (Specify)	ITIONS CONNOT RELATE N CAUSING IT 19B. MAJOR 21B. PLA about home, fo	(C) (C) (C) (C) (C) (C) (C) (C)	ATION i or 21c. WHERE E	OID (If in Baltimo	YES NO
ā	OTHER STRIBUTION TO THE DISTANCE TO THE DISTANCE DE HOMICIDE	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. II SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION ENT. SUICIDE, (Specify)	ITIONS CON NOT RELATE OF CAUSING 19 PLA about home, for the control of the contro	(C) (C) (C) (C) (C) (C) (C) (C)	ATION For 21c. WHERE E INJURY OCCU ED 21f. HOW DIE	OID (If in Baltimo R? OINJURY OCCUR?	YES NO NO NO PROPERTY NO NO NOTE City, give exact location) —, 1950, that I lust saw the
ā	OTHER STRIBUTION TO THE DESCRIPTION OF THE DESCRIPT	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. II SIGNIFICANT COND TO THE DEATH, BUT THE DEATH, BUT THE DEATH BUT THE SEASE OR CONDITION OF OPERATION TO THE CONDITION (Specify) (Month) (Day) (Year W certify that I at alive on 10-11	ITIONS CON NOT RELATE OF CAUSING 19 PLA about home, for the control of the contro	CE OF INJURY (e.g., in arm, factory, street, office bldg., eventue at work at work at work and that death occur	ATION Lot 21c. WHERE E INJURY OCCU ED 21f. HOW DIE 21 197 red at 1:15 f. m.	OID (If in Baltimo R? OINJURY OCCUR?	YES NO NO NO PROPERTY NO NO NOTE City, give exact location) , 1950, that I lust saw the land on the date stated above.
ā	OTHER STRIBUTION TO THE DESTRIBUTION TO THE DE	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. II SIGNIFICANT COND TO THE DEATH, BUT THE DEATH, BUT THE DEATH BUT THE SEASE OR CONDITION OF OPERATION TO THE CONDITION (Specify) (Month) (Day) (Year W certify that I at alive on 10-11	ITIONS CON NOT RELATE OF CAUSING 19 PLA about home, for the control of the contro	CE OF INJURY (e.g., in arm, factory, street, office bldg., eventue at work at work at work and that death occur	ATION For 21c. WHERE E INJURY OCCU ED 21f. HOW DIE	OID (If in Baltimo R? OINJURY OCCUR?	YES NO NO NO PROPERTY NO NO NOTE City, give exact location) —, 1950, that I lust saw the
MEDI	OTHER STRIBUTION TO THE DESCRIPTION OF THE DESCRIPT	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. SIGNIFICANT COND S TO THE DEATH, BUT INSEASE OR CONDITION OF OPERATION OF OPERATION (Specify) ENT, SUICIDE, (Specify) (Month) (Day) (Year In the Condition of Operation	ITIONS CONNOT RELATE OF CAUSING TO ABOUT HOME, STATE OF THE ABOUT HOME,	(C) (C) (C) (C) (C) (C) (C) (C)	ATION Let 21c. WHERE DE INJURY OCCU ED 21f. HOW DID 197 red at 1:15 f. m. 38. ADDRESS	old (If in Baltimo R? INJURY OCCUR? Ito of 1 from the causes of the the causes of the the causes of the the the causes of the	yes NO no re City, give exact location) , 19 50 , that I lust saw the and on the date stated above.
MEDI	OTHER STRIBUTION TO THE DISTRIBUTION TO THE DI	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. II BIGNIFICANT COND S TO THE DEATH, BUT BISEASE OR CONDITION OF OPERATION ENT. SUICIDE, (Specify) (Month) (Day) (Year W certify that I at: live on 10-1 TURE CREMA- Specify) CCY-5,	ITIONS CONNOT RELATE N CAUSING IT 19B. MAJOR 21B. PLA about home, for tended the , 19 50, 6	(C) (C) FINDINGS OF OPER CE OF INJURY (e. g., in arm, factory, street, office bldg., e. 21E. INJURY OCCURRING NOT WHILE AT WORK deceased from deceased	ation 21c. WHERE Company occurs 21f. HOW DID 21f. HOW DID 35. ADDRESS 27 OR CREMATORY 21c. WHERE Company 21c. WHERE Com	INJURY OCCUR? INJURY OCCUR? from the causes of the cause of the ca	yes No ore City, give exact location) , 1950, that I lust saw the and on the date stated above. 23c. DATE SIGNED 10-2 STO
MEDI	OTHER STRIBUTION TO THE DISTANCE TO THE DISTAN	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. II SIGNIFICANT COND TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH (Specify) (Month) (Day) (Year Wive on 10 - 1 TURE CREMA- 24B. DATE Specify) D BY DEGISTRAR	ITIONS CONNOT RELATE N CAUSING IT 19B. MAJOR 21B. PLA about home, for tended the 19.50, 6	(C) (C) FINDINGS OF OPER CE OF INJURY (e. g., in arm, factory, street, office bldg., e. 21E. INJURY OCCURRING NOT WHILE AT WORK deceased from deceased	ATION Let 21c. WHERE DE INJURY OCCU ED 21f. HOW DID 197 red at 1:15 f. m. 38. ADDRESS	INJURY OCCUR? INJURY OCCUR? from the causes of the cause of the ca	yes No no re City, give exact location) , 1950, that I lust saw the land on the date stated above.

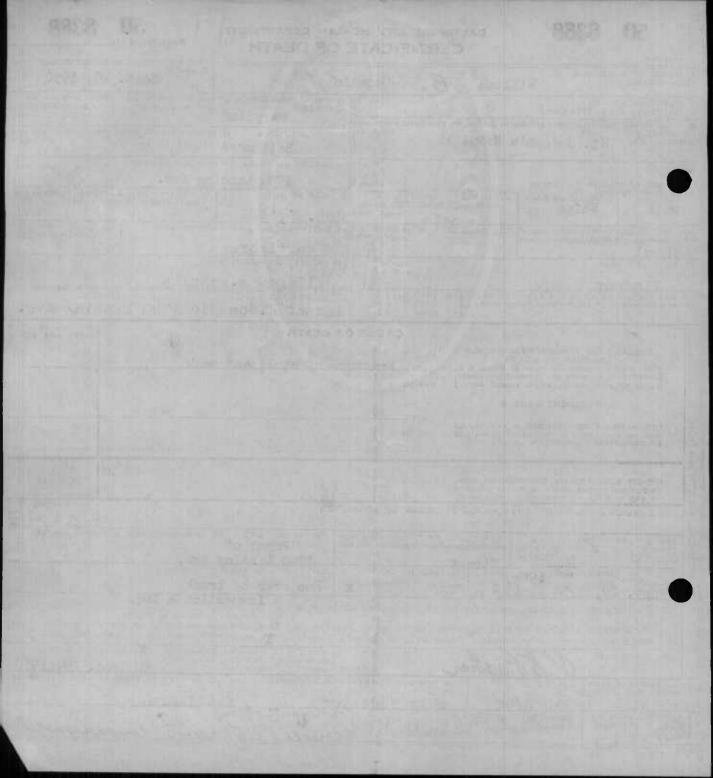


	00 5	0 8387		EALTH DEPARTMENT	Registered No.	8387
	NAME OF D		en Marie Coyle		2. DATE OF DEATH 9/30/5	50
	Baltimore	City, Maryland E	Baltimore, Md.	4. USUAL RESIDENCE (V		
8.	FULL NAME OSPITAL OR		al or institution, give street address or	Maryland		before admission
	NSTITUTION	2415 Edmo	ondson Avenue	Baltimore	outside corporate limits, w	rite RURAL and give township
0		tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 2415 Edmondson		-02
5	Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify, Single	8. DATE OF BIRTH About	9. AGE (In years last birthday) Months	Days Hours Min.
wnr	k dane during most:	CUPATION (Give kind of of working life, even if retired) Tr. Co.	10B. KIND OF BUSINESS OR INDUSTRY	Philadelphia, P		CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME		14. MOTHER'S MAIDEN NA		
_			J. Coyle	Nellie M. Hamil	ton	
(Ye	5. WAS DECEASI m, nn nr unknnwn)	O EVER IN U. S. ARMEI (If yes, give war ar date	FORCES? 16. SOCIAL SECURITY NO.	Mrs. Elmer W. L	ADDR	
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA II IGNIFICANT CONDITION IS TO THE DEATH, BUT ISEASE OR CONOITION	f dying, e. g., ns the disease, aused death.) DUE TO DUE TO SES (B)	weer (3)	rast	6 mm
			98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL		ENT WAS UNDER- R CONTRIBUTING	21B. PLACE OF INJURY (e. g., i about bome, farm, factory, street, nflice bldg.,	in or 21c. WHERE DID (I otc.) INJURY OCCUR?	If in Baltimore City, give	exact location)
Σ	ALD. TIME (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		Y OCCUR?	
	deceased al	ive on 9 30 50	ended the deceased from 2 19 and that death occur	rred ata 2 Am., from to	he causes and on the d	at I last saw the ate stated above
24 TI	AA. BURIAL, CON. REMOVALIS Burial	Pecify) 10/2/50	24c. NAME OF CEMETE New Cathedra		OCATION (City, town, or c	
	ATE RECEIVED CCAL REGIST CT - 219	BY REGISTRAR		25. FUNERAL PIRECTOR W. W. Meader	()	alval St,
	,VS 150	-5.5	2907	7/		50



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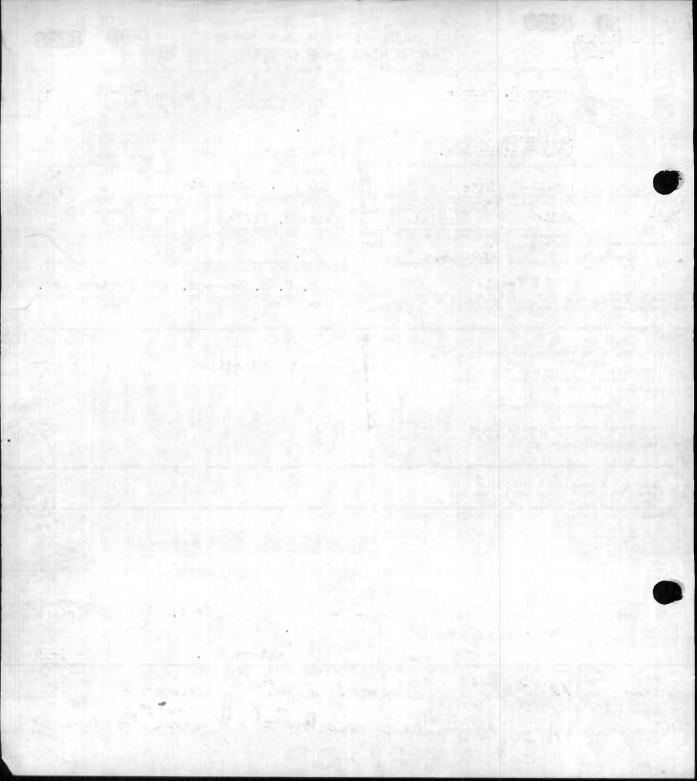
DU 0308			TE OF DEATH	Registered	
1. NAME OF DECEASED (Type or Print)		? Pan	adio	2. DATE OF Sent	t. 29, 1950
3. PLACE OF DEATH:	lliam , B	DOIR	4. USUAL RESIDENCE	DEATH	
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital)	al or institution, gi			i Cal	time
HOSPITAL OR INSTITUTION St. Joseph	s Hospital	Iocatio	Baltimor	е	nits, write RURAL and gi townshi
ngth of stay in Baltimore		Yrs Mos Day	1700 Ten	sing Ave.	5200
5. SEX 6. COLOR OR RACE White	7. SINGLE, MAI WIDOWED, D Singl	IVORCED (Speci	Jan. 28.1942	9. AGE (In years last birthday)	Months Days Hours Mi
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School		USINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Vincent			Mildred M.	McNulty	
15. WAS DECEASED EVER IN U. S. ARMEI (Yos, no or unknown) (If yos, give war or date	o FORCES? 16.	SOCIAL SECURITY NO.	Vincent J.Bon	adio 1700 I	ADDRESS Lansing Ave.
(This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which antecedent Cause of the mode of heart failure, asthenia, etc. It mes injury or complication which antecedent Cause of the mode of the mo	ans the disease, caused doath.) SES F ANY, GIVING STATING THE AST.	(B) DUE TO (C)	ture of skull and		
TO THE DISEASE OF CONDITION		DINGS OF OP	ERATION		20. AUTOPSY?
1					YES NO
21A. EXTERNAL CAUSE WAS UNDERLYING MORE CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) April Sept. 29, 1950 11:1	Street (Hour) 21E. I	NJURY OCCUP	RRED 21F. HOW DID INJURY Run over by	g Ave. RY OCCUR? Jac truck	y, give exact location)
22. I eertify that I took char	rge of the remo	ins described	l above, held an Inspe	ection & Inq.	rv
the evidence obtained by and death in my opinion	said Autopsy, resulted from:	Inspection of natural cau	r Inquiry, find that said ses 🗌, accident 📆, suicid	deceased died on le \square , homicide \square	the day stated about \square , undetermined \square .
23a. SIGNATURE	Eisker		238. CHIEF MEDICA ASSISTANT MEDICA M.D. MEDICAL INVESTIG	ATOR	Sept. 29, 1950
24A. BURIAL. CREMA- 24B. DATE TION, REMOVAL (Specify)			TERY OR CREMATORY 24D		wii, or county) (State
Bueial 10/3/ DATE RECEIVED BY REGISTRAR	50 H	oly Rede	25 FUNERAL DIRECTO	altimore 1639	ADDRESS readman!
V S 151 100 100 100 100 100 100 100 100 100	1 0		The state of the s		17008/



14 - 50 8389

COTA 1998

JL = 142027 BIRTH NO.	CERTIFICATI		Registered N	10
1. NAME OF DECEASED (Type or Print) George F.	Temple		2. DATE OF DEATH 9-29-	-50
3. PLACE OF DEATH: a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital)	l or institution, give street address or			
HOSPITAL OR Baltimore 1940 ast	city Hospitalsocation) tern Ave.	Baltimore	8-0	s, write RURAL and give township
gth of stay in Baltimore	Life Yrs. Mos. Days	1603 N. Duncan	_	
Male 6.COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	0ct. 9, 1875	9. AGE (In years last birthday) Mo	Under I Year If Under 24 Hours on the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during meet of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	mple	B. C. H. Reco	29.	stern Ave.
15. WAS DECEASED EVER IN U. S. ARMED Yee, no or unknown) (If yee, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	^ A	DDRESS
DISEASE OR CONDITION DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which can an a	If dying, e.g., (A) Pneum for dying, e.g., (A) Pneum for disease, aused death.) DUE TO ES ANY, GIVING STATING THE DUE TO ST. (C)	ococcal Meningit	is	3 days
19A. DATE OF OPERATION 19	BB. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) 1NJURY 22. I hereby certify that I attedeceased alive on Sept, 20 23A. SIGNATURE	m. while at Not while at work at work ended the deceased from 9-2 and that death occur	ED 21F, HOW DID INJUR 7-50 . 19 . to	Sept. 29, 19 the causes and on the	1 - 2 - 2
24A. BURIAL, CREMA- TION. REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S	24C. NAME OF CEMETE S SIGNATURE	25. FUNERAL DIRECTOR	altimal	or county) (State)
Vs 156 1350 Thurston	290	67		810

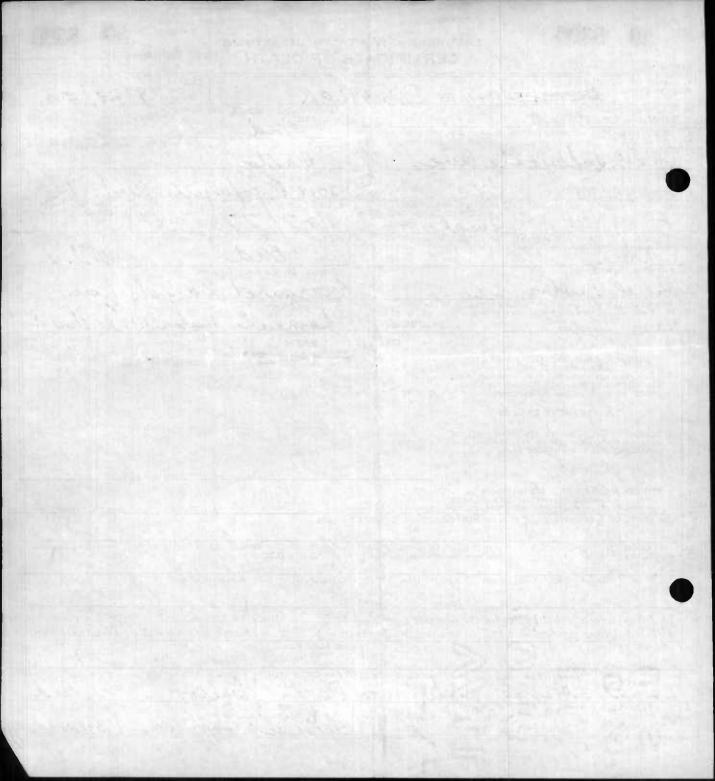


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BALTIMORE CITY HEALTH DEPARTMENT

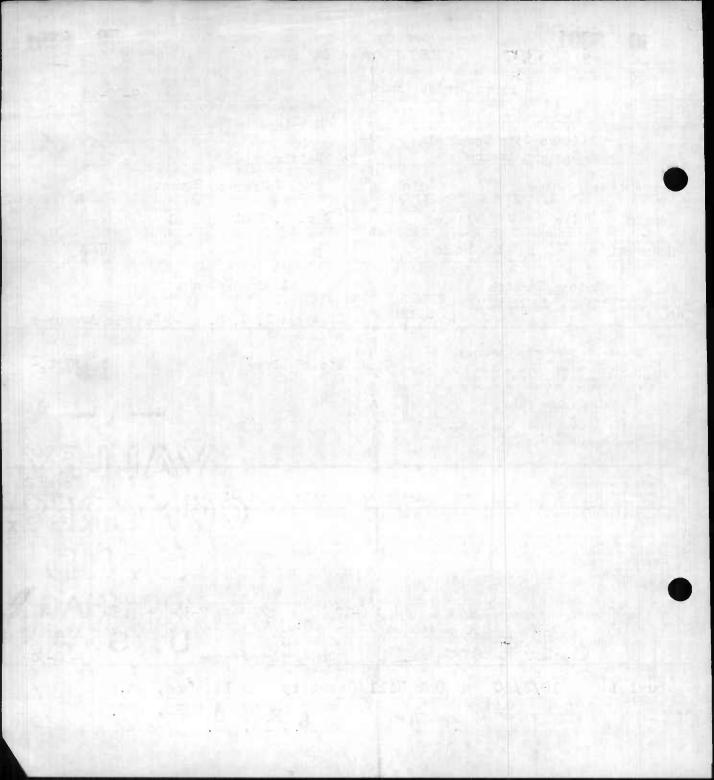
Registered No.

BII	RTH NO.		C	CERTIFICATI	OF DEATH	negistered no	
	NAME OF DE	CEASED				2. DATE	,
(T)	ype or Print)	With A s	MAMI	E E. TAY		DEATH 9/2	9/50
A.		ity, Maryland			4. USUAL RESIDENCE	B. COUNTY	before admission)
	SPITAL OR	OF (If not in hospit:	al or institution	n, give street address or location)	c. CITY OR TOWN	If outside corporate limits,	write RURAL and give
IN	STITUTION	dalanat	4. A.		Bota		township)
1	LUI & C.	Lugare	1	Yrs.	D. STREET ADDRESS (I	f rural, give location)	6
C.	Length of st	tay in Baltimore	Life	Mos. Days	2018 & Lafa	yette ave	2. 8-05
5.	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED. D.DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years HU last birthday) Mon	nder 1 Year If Under 24 Hours ths: Days Hours Min.
	1-	W	Luig	le	1/2////	73	
		CUPATION (Give kind of f working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or	foreign country)	2. CITIZEN OF
	non	e			ma.	16	Vex.a.
13	. FATHER'S	IAME	٨		14. MOTHER'S MAIDEN	NAME . A	
4	amuel	Vaylor,	er.		maryaret	Barrelson	an
	. WAS DECEASE	D EVER ON U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS any
(No			none	Reyniel	Vaylor 1115/	Eulleud "
	18.	593X.		CAUSE	OF DEATH	0	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY		1, , , , .		2
	(This does	LEADING TO DEA	of dving, e.g.	, (A)	Vehlungs		mos.
	heart failu	re, asthenia, etc. It med complication which	ans the disease caused death.	DUE TO			
		ANTECEDENT CAU					
z		ANTECEDENT ONC	020	(B)			
NOL	DISEASE RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A)	F ANY, GIVING	B DUE TO			a fa
CAT	UNDERL	YING CONDITION L	AST.				
				(C)		• • • • • • • • • • • • • • • • • • • •	
ERTIF	OTHER	II SIGNIFICANT COND	ITIONS CON				
	TRIBUTING	S TO THE DEATH, BUT	NOT RELATE	D	************************		
U.		F OPERATION	198. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
AL		0	on all the				YES NO
EDICAL	21A. ACCIDI HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., arm, factory, etreet, office bldg.,		(If in Baltimore City, g	ive exact location)
N E	MET UD				RED 21F. HOW DID INJU	BY OCCUP?	
7	2 1D. TIME F INJURY	(Month) (Day) (Year		TIE. INJURY OCCURE		KI OCCOKI	
				WORK NOT WHILE		9	
0	22. I hereb	y certify that I at	tended the	deceased from	nely 7, 1950, to		, that I last saw the
	deceased a	live on Sept 7	J, 19 JO, 0	and that death occu		the causes and on th	
	23A. SIGNA	TURE /	14.1	,	23B. ADDRESS	- 2000	23C. DATE SIGNED
	511211	CREMA-Y 24B, DATE	Tesh	M. D.	FRY OR CREMATORY 24D	LOCATION (City, town,	or county) (State)
TI	ON REMOVAL	Specify	50 /	Talo, Luur	Curity Be	elto.	ma.
-	ATE RECEIVE	D BY RECESTRAN	S SIGNATO	RE)	25. FUNERAL DIRECTO	1, ,/	ADDRESS
L	OUL BEGIS		Was I	Thratha Willay	Marene For	Copressor 1	639 Broadevay
=	VC 155	1950				1/	
1	VS 150	- 0					1200



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) Barbara Louise Benda OF 9-30-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4940 Eastern Avenue Baltimore Yrs. p. STREET ADDRESS (If rural, give location) Mos 2726 Jefferson Street Life ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. Nov. 2. 1881 Female White 68 Widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
HOUSEWIF USAHAT COUNTRY INDUSTRY at Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albina Zelenha Antone Yursick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unkoown) NOTE ITY NO. Records: B. C. H. 4940 Eastern Avenue INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Cirrhosis of Liver heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. over 2 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш Arteriosclerotic Heart Disease vears TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IF. HOW DID INJURY OCCUR? 2 IE. INJURY OCCURRED F INJURY WHILE AT NOT WHILE WORK AT WORK , 150 , to_ 19.50 that I last saw the 22. I hereby certify that I attended the deceased from 19 50, and that death occurred at 8:05 Am., from the causes and on the date stated above. deceased alive on 9-30 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 4940 Eastern Avenue 9-30-50 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE tion, REMOVAL (Specify) burial 10/3/50 Baltimore, Md. Oak Hill Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE INC. ADDRESS SONS



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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BIRT	H NO.			CERTIFICAT	E OF DEATH	Registered	140
	AME OF DECE				P	2. DATE G	79-53
	ACE OF DEAT			IPE	4. USUAL RESIDENCE	DEATH	×1-30
	altimore City				A. STATE	B. COUNTY	before admission)
HOS	ILL NAME OF	(If not in hospit	al or institu	ntion, give street address or location)	C. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
	NION	MEMORI	A-I-	HOSPITAL	BALTIMORE		township)
		70 11 0 10		Yrs.	D. STREET ADDRESS	If rural, give location)	
c.		in Baltimore		Mos. Days	1711 SOUTHV	IEW ROAD	27-09
5. SE		COLOR OR RACE		E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Inder Year Under 24 Hours Ionths: Days Hours: Min.
		WHITE		RRIED	OCTOBER 13,189		
ork do	ne during most of wo	PATION (Give kind of rking life, even if retired)	IOB, KIN	D OF BUSINESS OR INDUSTRY		r foreign country)	12. CITIZEN OF WHAT COUNTRY?
MANA	ATHER'S NAM	Ginnis Co.	vend	ing machines	ILLINOIS		USA
13. F					14. MOTHER'S MAIDEN		
15 V	HENR'	VER IN U. S. ARME		I 16, SOCIAL		HERTON	
Yes, n	o or nuknown)	If yes, give war or date		SECURITY NO.	17. INFORMANT		ADDRESS
	NOWN	,		082-07-58	the second second second		!NTERVAL BETWEEN
1	8. 451	X			OF DEATH		ONSET AND DEATH
	LE	OR CONDITION ADING TO DEA	TH	Pap	dire TAMP	DONAGE	3/6/2
	heart failure,	t mean the mode asthenia, etc. It mean application which	ans the disea	ase, th.) DUE TO	-t.o-d		
				R	uptured tie ANEUR		
z	AN	TECEDENT CAU	555	(B) /JOR	tie HNEUR	ysm	
2		R CONDITIONS,		ING			
V	UNDERLYIN	G CONDITION L.	AST,				
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빙 _		THE DEATH, BUT ASE OR CONDITION	N CAUSING		onary oec	LUSION	
ا ال	9A. DATE OF C	PERATION	19B. MAJO	R FINDINGS OF OPER	RATION (20. AUTOPSY?
<u>0</u> 2	IA. ACCIDENT	SUICIDE.	21s. PL	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City,	give exact location)
		Specify)		s, farm, factory, street, office bldg.,			
Σ _2	ID. TIME (Mo	nth) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
	INJURY		770	WHILE AT NOT WHILE			
-	2 I havehu c	antifu that I at	tended the	c deceased from Sep	+ 26 1950 to	SEpt 29 195	that I last saw the
i	cceased alive	on Sept 29	1950	and that death occur	rred at 10:40 Cm., from		
	3A. SIGNATUR	E /	2/2/2/2/2012		238. ADDRESS	- 15 - 2	23c. DATE SIGNED
	Trac	icis H.	War		mon hamon	ar Harby	19-29-50
TION.	BURIAL, CRE REMOVAL (Spec	ify)		24c. NAME OF CEMETE		LOCATION (Cit), tow	
	ourial	10/2/		Parkwood Ce		ltimore, Md	
	E RECEIVED E AL REGISTRAI		SIGNAT	115.11.311.81	HENR SANDER	& SONS, IN	C. ADDRESS
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releaged BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or lar. HOSPITAL OR location) C. CITY OR TOWN. (If outside corporate limits, write RURAL and give INSTITUTION 403P1 6 township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. tano de ength of stay in Baltimore Days 5. SEX 6. COLQR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) Divorced IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working his, even if retired) WHAT SOUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Euro tocket 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give wer or dates of service) (Yee, nq.pr_unknown) SECURITY NO Har INTERVAL BETWEEN 18. CAUSE OF DEATH 420. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OBATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF VOPERATION 20. AUTOPSY EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) F INJURY NOT WHILE WORK 1951, to Sept 39, 1950, that I last saw the 22. I hereby certify that I attended the deceased from July 1 deccased alive on 5-1439, 1950 and that death occurred at 93 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS town cursuan 24c. NAME OF CEMETERY OR CREMATORY TON, REMOVAL Specify 24A. BURIAL, CREMT urial REGISHAR SEIGNATURE ATE RECEIVED BY 25. FUNERAL DIRECTOR -79950R

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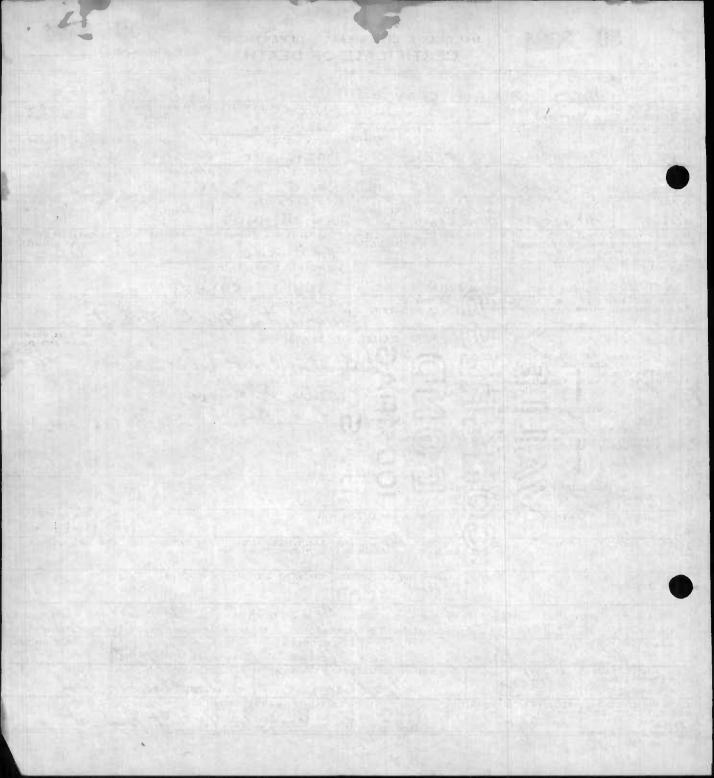
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50 8294 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

31	7 0	333	35
Registered	No		

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE G 2
JAMES WILLIAM CLAYTON	JR. DEATH 4-30-50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND
HOSPITAL OR location) INSTITUTION	township
UNION MEMORIAL HOSPITAL	BACTIMORE
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 19 Days 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	900 C. 300 St. 18. DATE OF BIRTH 9. AGE (In years) 11 Under 24 Hou
WIDOWED, DIVORCED (Specify	JULY 14. 1907 last birthday) Months Days Hours Min
MALE WHITE MARRIED 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTR)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	/
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	FANNLE ROKERT 17. INFORMANT ADDRESS
(Yos, no or unknown) (If yes, give wer or detes of service) SECURITY NO.	Lua Canton 900 E. 3025
	Interpret perties
18. 4// X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	motic Heart Deseare ?
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	· · · · · · · · · · · · · · · · · · ·
injury or complication which caused death.)	Portie Stemonio
ANTECEDENT CAUSES	Conquetine Failure
Z O DISEASES OR CONDITIONS, IF ANY, GIVING	Taystul Jaccine
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (C) (C)	
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OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
(V)	in or 21C, WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT, SUICIDE. D	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
F INJURY m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	9/30, 19 50, to 9/30, 1950, that I last saw t
deceased alive on 9-30., 1950, and that death occur	
	238. ADDRESS 23c. DATE SIGNE
Richard Beach M.O.	Muior Memorial Hopatal 9.30.50
24A. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMET	
Burial 13/50 Good.	lawn Woodlawn Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR: ADDRESS
LOCAL REGISTRAR	we ook Jac. 1217 St. Saul V.
Vs 156 1957	
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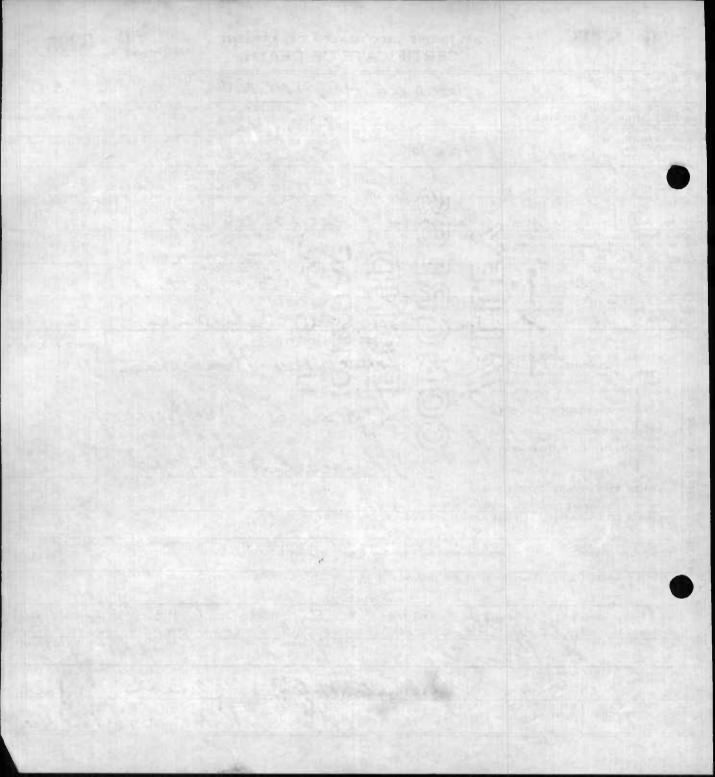


8395

BALTIMORE CITY HEALTH DEPARTMENT

egistered No. 8395

1. NAME OF DECEASED (Type or Print) Col. GEORGE M. DUNCAN 2. DATE OF DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) Yrs. Mos. Days C. Length of stay in Baltimore Top DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence in the property of the property of the property of the principle of the prin						
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) Yrs. Mos. D. STREET ADDRESS (If rural, give location) C. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) 6. Under 14 under 14 under 14 under 15 und						
HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL and town) C. CITY OR TOWN (If outside corporate limits, write RURAL an						
c. Length of stay in Baltimore Tampa D. STREET ADDRESS (If rural, give location) Days						
c. Length of stay in Baltimore Mos. Days 5 7 10 Central Que. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) 11 Under 24						
c. Length of stay in Baltimore Mos. Days 5 7 10 Central Que. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) 11 Under 24						
male white married Dec. 22, 1882 67						
IOA. USUAL OCCUPATION (Givehind of 10B. KIND OF BUSINESS OR INDUSTRY) 12. CITIZEN OF What Country What Count						
Real Estate Salegnan Pennsylvania						
13. FATHER'S NAME . 14. MOTHER'S MANDEN NAME .						
". Duncar Ellen Serbert						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or detes of service) SECURITY NO. 17. INFORMANT ADDRESS						
yes Goarist am. New my nove mo Caroline Duncan, 5503 Rusta						
18. // 20./ CAUSE OF DEATH INTERVAL BETV						
DISEASE OR CONDITION DIRECTLY						
(This does not mean the mode of dying, e.g., (A)						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST.						
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TRIBUTING TO THE DEATH, BUT NOT RELATED						
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS						
YES NO						
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, atreet, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
F INJURY WHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from 9-10, 1950, to 7-30, 1950, that I last saw						
deceased alive on 2 ? 30, 19 50, and that death occurred at 4 m., from the capses and on the date stated at						
23A. SIGNATURE 23B. ADORESS 23C. DATE SIGN						
M. D. Juna 100 gura 9. 30						
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (St						
Burial 19/3/50 Uslington National arlington, Virginia						
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS						
Wm. Cook, mc, 1217 fb. Paul Street						
VS 150 47074 94a						

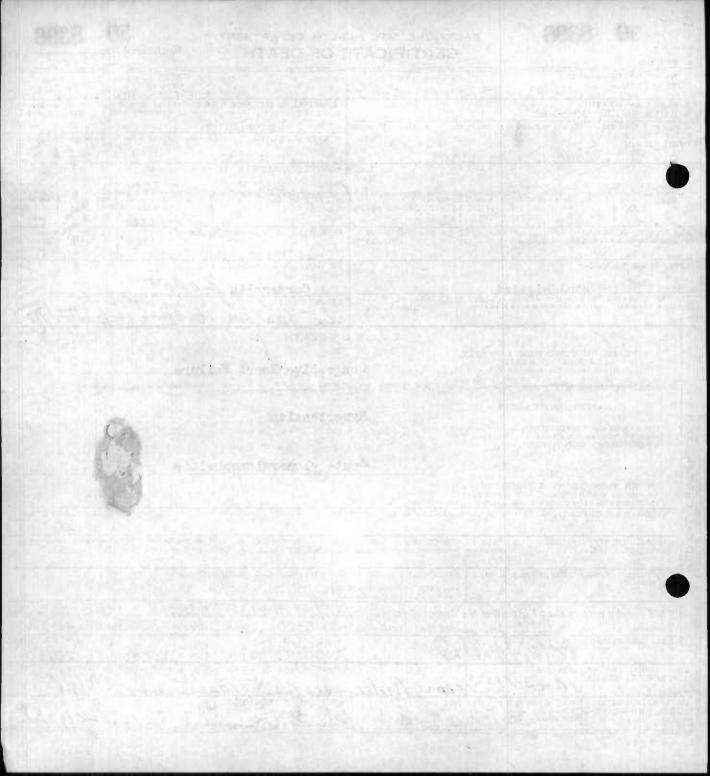


50 8396

BALTIMORE CITY HEALTH DEPARTMENT

50 8396

BI	RTH NO.			CERTIFICATI	E OF DEATH	Registere	1 No	
1. NAME OF DECEASED					2. DATE			
(Type or Print) Mary Margaret Mignin				anet Michin	i of DEATH Sept. 30, 1950			
3. PLACE OF DEATH:				aron mignin	4. USUAL RESIDENCE (Where deceased lived, If institution: residence			
A. Baltimore City, Maryland					A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			Marylar c. CITY OR TOWN		mite write PIIPAL or	nd evises		
INSTITUTION					township)			
St. Joseph's Hospital					Baltimore D. STREET ADDRESS (If rural, give location)			
Yrs. Mos.								
c. Length of stay in Baltimore Days						Eager Stre		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours	24 Hours Min.		
Fe. White Single				7 years				
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)				OF BUSINESS OR	11. BIRTHPLACE (State or	foreign gountry)	12. CITIZEN OF	
None None					Raltimore 1	Manuland	WHAT COU	AIRTI
13	FATHER'S				Baltimore, Maryland			
		TC			Carmenella Zoppo			
15	. WAS DECEASE	Edmond Migni	FORCES?	16. SOCIAL	Carmenella	Lopp		
(Ye	, no or onknown)	(If yes, give war or date		SECURITY NO.	17. INFORMANT	11-14.1	ADDRESS 1- Q	
					St Joseph	Lospino.	13all 71	14.
	18.	90 X.		CAUSE	OF DEATH		ONSET AND	
	DISEAS	SE OR CONDITION						
	(This does	LEADING TO DEA's not mean the mode of		Co. (A)	ngestive Heart I	ailure		
		re, asthenia, etc. It mea		e.				
	1113019 01	complication which t	auseu death	.) 502 10				
-		ANTECEDENT CAUSES (B) Hypertension						
6	DISEASE	S OR CONDITIONS,	F ANY, GIVIN		ber senaron			**********
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED								
U	ONDERE	THE CONDITION D	.511					
F	0.00	The state of the s		(C)	ite Glomerulonep	hritis		
님	OTHER S	SIGNIFICANT COND	TIONS CON	1-				1.13
CE		S TO THE DEATH, BUT						
				FINDINGS OF OPER	ATION		20. AUTOP	SY?
A		2					YES X	No 🗌
MEDICAL		ENT, SUICIDE.		CE OF INJURY (e. g., in		(If in Baltimore Cit	y, give exact location	1)
띱	HOMICIDE	(Specify)	about home, I	arm, factory, street, office bldg.,	tc.) INJURY OCCUR?			
Σ	21p. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	D 21F. HOW DID INJU	RY OCCUR?		
	FINJURY		V	WHILE AT NOT WHILE				
h			m.	WORK AT WORK	<u> </u>	/ /		
-	22. I hereb	y certify that I att		, ,		9/30/, 19		
deceased alive on 9/30/, 1950, and that death occurred at 6:00Am. From the causes and on the date stated at								above.
	23A, SIGNA	TURE PLAN	12000	-0 2	3B. ADDRESS		23c. DATE SIG	GNED
		1010	1 WW	М. D.	1400 N. Carol	line Stree		0
24	N. REMOVAL	CREMA- 248. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, to	wn, or county) (2	State
13	unsal	10-5-	1950	foly REDEE	MASS Court /	Ballerions	· Md	
D	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTOR	3	ADDRESS	4
LO	OCAL REGIST		To Milli	10 B	801 90ing	Til.7 994	Escen A	1
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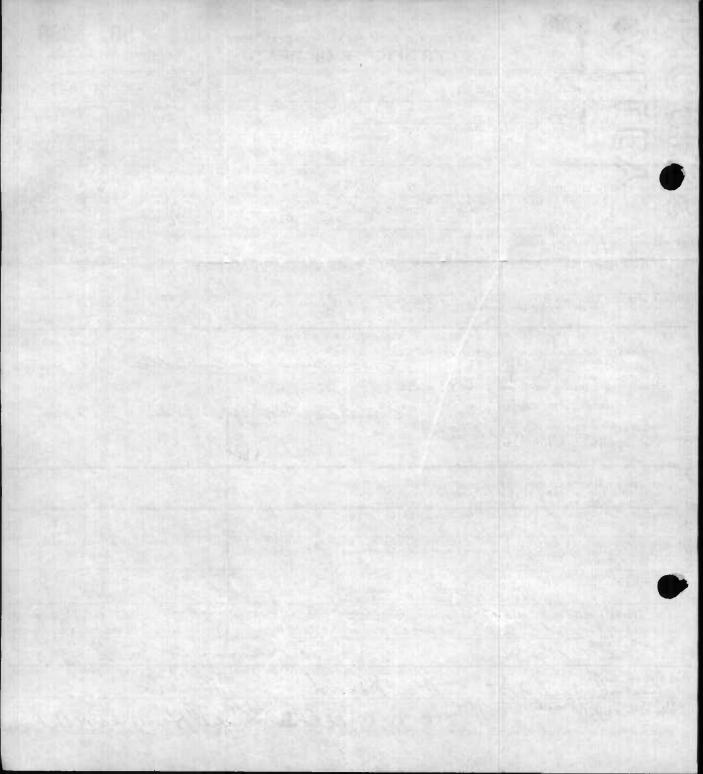
50	2200
gistered No	000

1		50 830	F	TIMORE CITY HE	ALTH DEPARTMENT E OF DEATH	Registered No	8332
	NAME OF E	FCFASED				2. DATE	
	ype or Print)	Oscar Clin	ton			OF Sept	.29,1950
A.		City, Maryland U	S Marin		4. USUAL RESIDENCE (nstitution: residence before admission)
H	DSPITAL OR	OF (If not in hospital	al or instituti	on, give street address or location)	Virginia c. CITY OR TOWN (I	f outside corporate limits,	write RURAL and give
IN	US Mar	ine Hospital,	Baltim		Carrollton,		townshlp)
C.	Length of s	stay in Baltimore	136 d	ays Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	
5.	SEX	6. COLOR OR RACE		MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		Inder 1 Year If Under 24 Hours ths: Days Hours: Min.
	male	col.	M	arried	Dec.25, 1893	56	
		CCUPATION (Give kind of of working life, even if retired)	Seafa	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	Doute	1115	14. MOTHER'S MAIDEN N	IAME	USA
	Oscar	Clinton			Mary Ward		
15 (Ya	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	AD	DRESS
(1)			or service,	SECURITY NO.	Records, US Ma	rine Hosp., Ba	altimore. Md.
	18. /9	6 X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION					ONSE! AND DEATH
	(This doe	LEADING TO DEA's not mean the mode of	f dying, e. g	., (A) Metast	atic carcinoma le	oft lung with	Unknown
	injury or	ure, asthenia, etc. It mea complication which o	aused death	e, .) DUE TO			7 5 1 5 1 1 5 1 1
		ANTECEDENT CAUS	ES	<i>a</i> 1			
NO	DISEASE	S OR CONDITIONS, 1	F ANY GIVIN		pneumonitis	•••••••••••••••••••••••••••••••••••••••	
RTIFICATION	RISE TO	THE ABOVE CAUSE (A)	STATING TH	E DUE TO (Prim	ary sarcoma, left	t knee,)	
C				ampu	tated April 1950		
F		11		(C)			
ш	TRIBUTIN	SIGNIFICANT CONDI	NOT RELATE	.p			
U.		OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		2	11 (120)				YES X NO
EDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore City, gi	ve exact location)
2	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI		Y OCCUR?	
			m.	WORK AT WORK		Sent 20 -0.50	
	22. I hereb	live on Sept 20	ended the	deceased from MAY	16, , 1950, to s	the course and or th	that I last saw the
	23A, SIGNA	-	A	2	3B. ADDRESS		23c. DATE SIGNED
		John S. K	Burso	M. D. U	.S. Marine Hospits		9/30/50
TIS	AA. BURIAL.	pecify) 248. DATE	0 2	24c. NAME OF CEMETE	RY OR CREMATORY 24D. I	LOCATION (City, town, o	or county) (State)
D	ATE RECEIVE	D BY REGISTRAR	S SIGNATU	RE	25. FUNEFAL DIRECTOR	Control C	ADDRESS
	DCAL REGIST	1050 Thurte	ator No	Utance Mill	Charles K.	Law-802	Mad. Are
	Us 150 Z	1000		7545	5		55B

ACTION EN AGAINS DITTE EN INTERNAL The second of th at teten Section ! a letter les Charles Kirter Eco Mix 110

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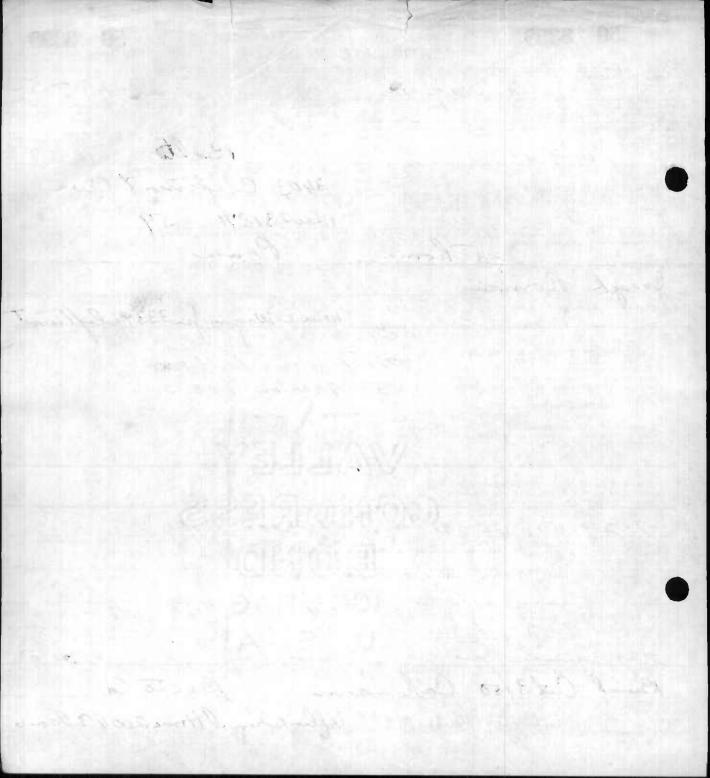
	F OF DFATH Registered No					
BIRTH NO.	E OF DEATH Registered No.					
1. NAME OF DECEASED (Type or Print) H Frederick Meyer	2. DATE Sept 29 1350					
3. PLACE OF DEATH: A. Baltimore City, Maryland OS Robinson B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Md B. COUNTY before admission)					
c. Angth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 21 1 Robinson					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify married	8. DATE OF BIRTH July 28 1876 9. AGE (In years last birthday) Anoths Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of ork dooed uring most of working life, eye of retired) Dept of Sanitation retired	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
13. FATHER'S NAME Nicholas Meyer	14. MOTHER'S MAIDEN NAME Don't know					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Mrs Agnes Meyer 21 S Robinson St					
injury or complication which caused death.) DUE TO	eninies y bladder 18 martha liae Decongensation 7 days					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?					
218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)					
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT WORK NOT WHILE AT WORK						
22. I hereby certify that I attended the deceased from Sept 23, 1950, to Sept 29, 1950, that I last saw the deceased alive on Sept 29, 1950, and that death occurred at 10:00 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED						
June Out 2/50 Parky	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTED RESISTED RESI	25. FUNERAL DIRECTOR Home 2004 Aclem					
VS 150	93 52B					



BALTIMORE CITY HEALTH DEPARTMENT

	767	5.3	30
gistered	No-	4 7 3	30

BIRTH	CERTIFICATE OF DEATH Registered No.							
	ME OF D	ECEASED	Wo	gner	and the	2. DATE OF DEATH	2-29	-50
	CE OF D	EATH: City, Maryland			4. USUAL RESIDENCE			on: residence efore admission)
HOSPI	L NAME TAL OR UTION	OF (If not in hospit	al or institution.	ion, give street address or location		(If outside corpo	rate limits, write I	RURAL and give
D er		tay in Baltimore	0	Yrs. Mos. Days	3403 C	(If rural, give loo	ent au	~
5. SEX	-	6. COLOR OR RACE		E. MARRIED. ED. DIVORCED (Specify	Mar 23/8	9. AGE (In last birt)	hday) Months Da	
10A. U work dooe	SUAL OC during most o	CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR		e or foreign country		IZEN OF
13. FA	THER'S N	NAME O	ar	nome	14. MOTHER'S MAIDE	EN NAME		
15. MA (You po c	S DECEASE r uokno n)	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1 2	ADDRESS	
18.	1	93× 1		CAUSE	OF DEATH	my J-		ERVAL BETWEEN
		E OR CONDITION LEADING TO DEA not mean the mode of	TH	w3tio	BLASTONA M	Holt for		
	heart failu	re, asthenia, ctc. It mea	ns the disease					
			dunca double	.) DUE TO RY	FRONTAL	LOBE		
z		ANTECEDENT CAUS	SES	(B)	FRONTAL	LOBE		
Ĕ	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	ES F ANY, GIVIN STATING TH	(B)		LOBE	8	
ERTIFICA	OTHER S	O OR CONDITIONS, 1: HE ABOVE CAUSE (A) VING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT	F ANY, GIVIN STATING THE ST. TIONS CON NOT RELATE	(B) (C)		LOBL		
L CERTIFICA	OTHER S	S OR CONDITIONS, 11 IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	F ANY, GIVIN STATING THE ST. TIONS CON NOT RELATE CAUSING 1' 9B. MAJOR	(B)			20	o, AUTOPSY?
EDICAL CERTIFICA	OTHER STRIBUTING TO THE DOTAL ACCIDING OF THE DIESE OF THE DESTRIBUTING OF THE DESTRIBUTION OF THE DESTRIB	GOR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA INGENIE CONDITION LA INGENIE CONDITION LA INGENIE WAS UNDER-RICONTRIBUTING	F ANY, GIVING THE STATING THE STATING THE STATE CAUSING I' 9B. MAJOR	(8) (E DUE TO (C)	RATION RATION RATION OF PRINTAL io or 21c. WHERE DID	Lobe	20 YE re City, give exact	s No
MEDICAL CERTIFICA	OTHER STRIBUTING TO THE DIAL ACCIDING OF THE DIAL A	GOR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA INGENIE CONDITION LA INGENIE CONDITION LA INGENIE WAS UNDER-RICONTRIBUTING	TIONS CON NOT RELATE CAUSING 19B. MAJOR 21B. PLA about home, f	(B)	RATION RATION RATION RED 21F. HOW DID IN	LuBC (If in Baltimo	YE	s No
MEDICAL CERTIFICA	OTHER STRIBUTING TO THE DIA. ACCIDING OTHER DIA. ACCIDING OF THE DIA. AC	GOR CONDITIONS, IS THE ABOVE CAUSE (A) YING CONDITION LA VING CONDITION LA VING CONDITION CONDITION CONDITION CONTROL CONTRIBUTING CONTRIBUTION CONT	TIONS CON NOT RELATE CAUSING 198. MAJOR 218. PLA about home, f (Hour) m.	(B)	RATION R+ Frantal io or 21c. WHERE DID iotc.) INJURY OCCUR? RED 21f. HOW DID IN	LUBL (If in Baltimo	re City, give exact.	et location)
MEDICAL CERTIFICA	DTHER STRIBUTING THE DING OF T	GOR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA INGENION CONDITION CONDITION CONDITION CONDITION CONDITION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	TIONS CON NOT RELATE CAUSING 198. MAJOR 218. PLA about home, f (Hour) m.	(B)	RATION R+ FLOW TAL io or 21c. WHERE DID otc.) INJURY OCCUR? RED 21f. HOW DID IN -28 1950 to rred at Lo Im., fr	LUBL (If in Baltimo	ye city, give exact. 191, that and on the date	I last saw the stated above.
MEDIOAL CERTIFICA MEDIOAL CARTIFICA Geo	DTHER STRIBUTING TO THE DOTAL A ACCID ING OF INJURY I herebeeased all a SIGNAT	GOR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA INGENITATION LA INGENITATION LA INGENITATION LA INGENITATION LA CONTRIBUTING LA CONTRIBUTION LA CONTRIB	TIONS CONNOT RELATE CAUSING 1' 9B. MAJOR CLIB PLA about home, for the causing	(B)	RATION Rt Flowtal io or 21c. WHERE DID otc.) INJURY OCCUR? RED 21f. HOW DID IN -28 1950; to rred at 105 m., fr 238. ADDRESS	LuBL (If in Baltimo	, 19 1, that and on the date	I last saw the stated above.
MEDICAL OF RATIFICAL OF RATIFICACION OF	DTHER STRIBUTING TO THE DOTAL A ACCID ING OF INJURY I herebeeased all a SIGNAT	GOR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION LA INGLES ON CONDITION LA INGLES ON CONDITION OF OPERATION TO PENT WAS UNDER-R CONTRIBUTING DEATH (Month) (Day) (Year) TURE CREMA-1 248. DATE	TIONS CONNOT RELATE CAUSING 1' 9B. MAJOR CLIB PLA about home, for the causing	(B)	RATION Rt Flowtal io or 21c. WHERE DID otc.) INJURY OCCUR? RED 21f. HOW DID IN -28 1950; to rred at 105 m., fr 238. ADDRESS	LUBL (If in Baltimo	, 19 1, that and on the date	I last saw the stated above.
DATE	OTHER STRIBUTING TO THE DILING OF INJURY I herebeeased ala. SIGNATE OF INJURY BURLE CENTRAL (STREET OF INJURY)	GOR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA ING CONDITION LA ING CONDITION LA ING CONTRIBUTION LA CONTRIBUTING CONTRIBUTION	TIONS CONNOT RELATE CAUSING 1' 9B. MAJOR CLIB PLA about home, for the causing	(B)	RATION Rt Flowtal io or 21c. WHERE DID otc.) INJURY OCCUR? RED 21f. HOW DID IN -28 1950; to rred at 105 m., fr 238. ADDRESS	JURY OCCUR? on the eauses a	, 19 1, that and on the date	I last saw the stated above. DATE SIGNED 30.03 (State)



OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

238. ADDRESS

21A. ACCIDENT, SUICIDE.

21B. PLACE OF INJURY (e. g., in nr about home, farm, factory, street, nffice bldg., etc.)

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

HOMICIDE (Specify)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

1D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE ATT

WORK

22. I hereby certify that I attended the deceased from Sept 29, 1950, to Oct 1, 1950, that I last saw the deceased alive on Oct 1, 1950, and that death occurred at 6'5' m., from the causes and on the date stated above.

234, SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

23c. DATE SIGNED

20. AUTOPSY

244 BURIAL, CREMA-TION, REMOVAL (Specify) Burial

2 B. DATE 10/4/50

Lorraine Cem.

240 LOCATION (City, town, or county)

DATE RECEIVED BY

Woodlawn, Md.

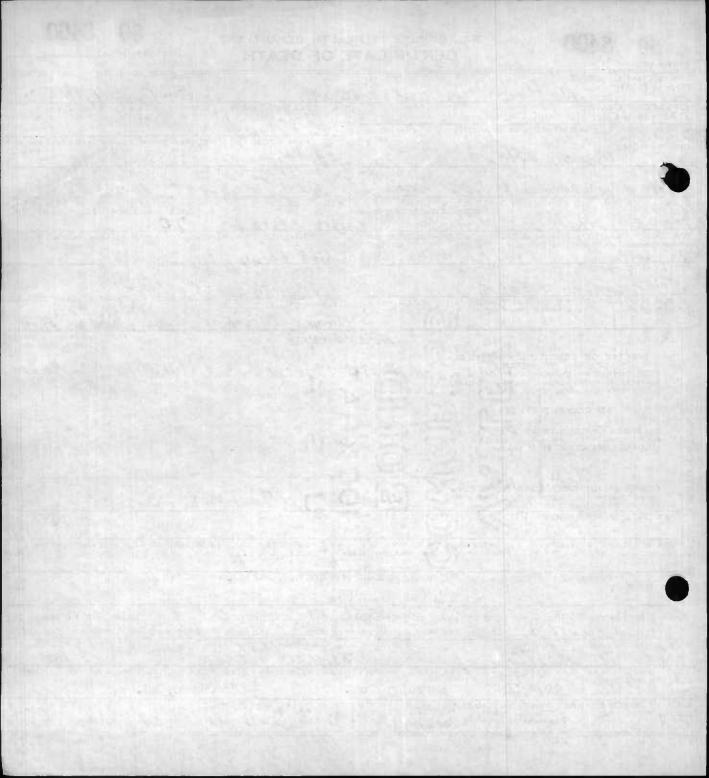
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

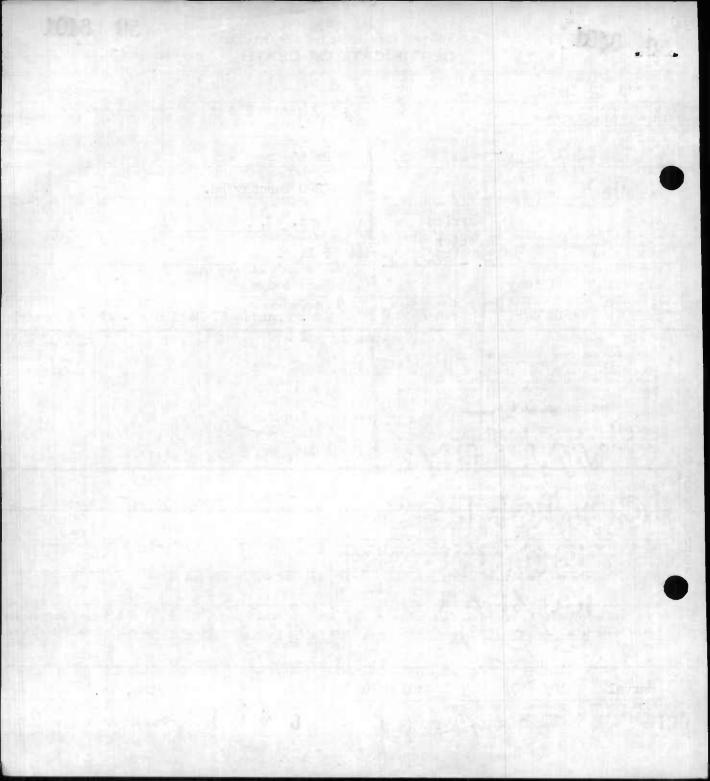
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BALTIMORE CITY HEALTH DEPARTMENT

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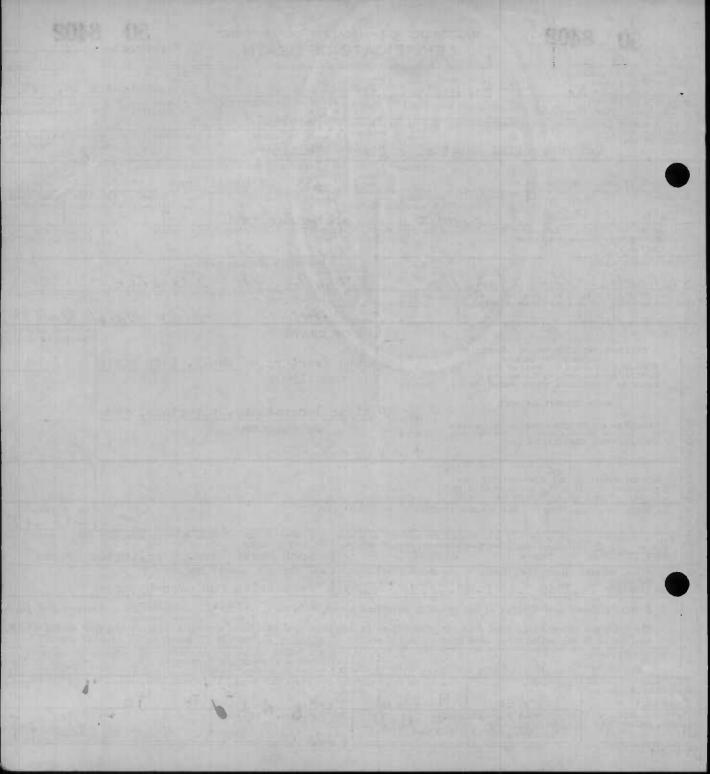
В	RTH NO.			CERTIFICATI	E OF DEATH	Registere	d No.	
1.	NAME OF D					2. DATE		
	'ype or Print)	CHARL	ES H	HALLID	AY	DEATH 9	-30-19.	50
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived B. COUNTY		: residence ore admission)
В.	FULL NAME		al or institut	tion, give street address or	A. STATE	B. COOK 1 1	Dere	ne admission,
H	OSPITAL OR	V	11. 1	location)		outside corporate li	mits, write RU	RAL and give township)
3	V	Misersety	Hosp	etal	Baltimore			township)
		V		Yrs. Mos.	D. STREET ADDRESS (If			
		stay in Baltimore		Days	4200 Tuscany Rd		4 0	
5.	SEX	6. COLOR OR RACE	WIDOV	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)		Hours Min.
	111	I W		ried	Sept. 26, 1880	70		
	k done during most	CUPATION (Give kind of of working life, even if retired)	DILLEC	LOE BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZ	EN OF T COUNTRY?
	pnysic		Commun	icable Disease				
13	FATHER'S				14. MOTHER'S MAIDEN NA	AME		
_		s A Halliday			Cora Dodge			
(Ye	o, no or unknown)	World War	FORCES?	16. SOCIAL SECURITY NO. NOTE	Mrs. Frances S.	Halliday -	ADDRESS 4200 Tr	uscanyRo
	1B.	-84X.		CAUSE	OF DEATH			VAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	0.1			ONSET	AND DEATH
	(This does	LEADING TO DEA	TH of dying, e. 1	B., (A)	olangiti's		7	days
	heart failt	are, asthenia, etc. It mes complication which	ns the diseas	se,	all			1
		ANTECEDENT CAUS	SES	0.1				
z				(B) Chro	nic cholecyst	itis	18	3 mos
NOIF		S OR CONDITIONS, I		VG .				
K	UNDERL	YING CONDITION LA	ST.		***************************************			
문								
RTIFICA	OTHER S	II SIGNIFICANT CONDI	TIONS COL	N. O. I. A				
CE	TRIBUTING	S TO THE DEATH, BUT	NOT RELATI		4stectomy + CI	mmon duc	t direina	ae
				FINDINGS OF OPER				AUTOPSY?
¥	9-	22-19503	Chro	nic cholecus	tihs		YES	NO O
EDICAL	LYING 0	ENT WAS UNDER.		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		f in Baltimore Cit	y, give exact	location)
Σ	CAUSE OF	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY	/ OCCUP?		
	FINJURY	(Monon) (Day) (Ical)		WHILE AT NOT WHILE		000011		
	22. I hereb	y certify that I at	ended the	deceased from 9	-20 , 1950, to	9-30 19	SD, that I l	last saw the
					red at 3 15 P m., from the			
	23A. SIGNA		1	2	3B. ADDRESS	4.2/	23c. DA	TE SIGNED
	0	THUT I SW	7	м. D.	Miserarty Ho	2/3/tal	19-30	9-50
2.4 TI	on, removal (S			24c. NAME OF CEMETE	//	OCATION (City, to		(State)
	Remova			Arlington :		Arlington,	Va.	
D.	ATE RECEIVE		SSIGNATI	JRE	25 FUNERAL DIRECTOR) 9/1	ADDRES	of MI
U	61 - 219	350 Thanki	2/01/1/	Wir Der	TIMP TOUR	ner sw	ro: Due	10 11a
	VS 150	o went	-	In Br	3//		10	-1
1		E LIVE TO THE	ar a fill	和上京美術等中心 O	1585		1 de	6



5-	43	8402	
HTRIE	NO		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

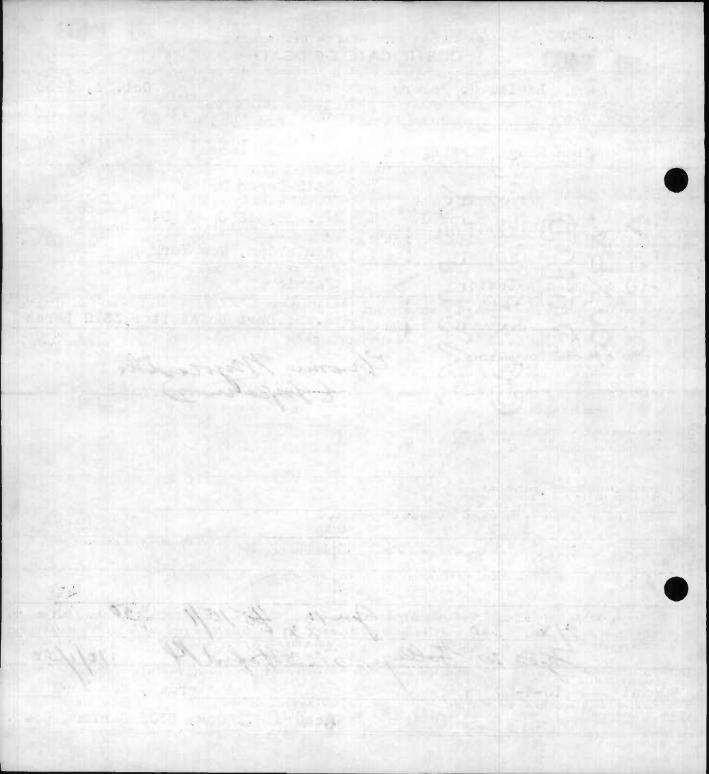
BI	IRTH NO.				CERTIFIC	CATE	OF DI	EATH	Registered	1 NO		
	NAME OF	DECEASED	1					-	12. DATE			
	ype or Print)			RARD		SCHUL!	TE	4	OF Septe	ember	29, 1	950
	PLACE OF Baltimore		rvland				. USUAL	RESIDENCE	Where deceased lived. B. COUNTY			lence
В.	FULL NAMI	E OF (If		al or instituti	ion, give street ade	dress or	Mary					
	OSPITAL OR		- M	1-7 17			CITY OR		If outside corporate lin	nits, write		and give
_		Unio	n Memor	ial Hos	pital I	Yrs.		imore	If rural, give location)	-09		
	anoth of	stay in Ba	altimora			Mos.		Marbeha]				
5.	SEX		R OR RACE		MARRIED.		. DATE OF		9. AGE (In years)	If Under 1 Y		let 24 Hones
	Male	Wh:	ite		No le	(Specify)	110 2	1-1943	last birthday)	Months D	ays Hour	Min.
	A. USUAL O			10B. KIND	OF BUSINESS	OR 1	I. BIRTHP	LACE (State or	foreign country)	12. C	ITIZEN O	F
	chi	10			1110	£	SALTO	Md			HAT COL	DIALKI
13	FATHER'S	NAME		0/		1.	4. MOTHER	R'S MAIDEN	NAME			
	CHAR	les p	7. 5	Schul	//e		hyllis	. H.	STRECKE	R		
(Ye	. WAS DECEA	o) (If you, g	U. S. ARMEI		16. SOCIAL SECURITY	NO. 1	7. INFORM	IANT	1000	ADDRES	. /	(DI
			^			10	They.		4552 M	Arble	NAL	1 10
	, , , ,	28/2			CA	USE OF	DEATH	ł		of	NSET AND	DEATH
		LEADIN	ONDITION G TO DEA	TH	Con	nound	frecti	ire of el	cull, left ti	ibis		
i	heart fai	ilure, astheni	a, etc. It mes	of dying, e. g ns the diseas aused death	e,		nd fib		TOT O	LDIA		*******
П		ANTECE	DENT CAUS	SES			TAU.					
7	D.C.E.A.C					ultiple			abrasions, a	. nd	*************	
ō	RISE TO	THE ABOVE		F ANY, GIVIN			conti	usions				
FICATION	UNDER	LYING CO	ADITION LA	151.	(C)	******************	***************************************	***************************************	. *************************************		************	
FIC			11			-						
ERTI	TRIBUTII	NG TO THE	DEATH, BUT	TIONS CON	:D							
CE		OF OPERA		GAUSING IT	FINDINGS OF	OPERAT	ION			2	O. AUTO	PSY?
	ISA. DATE	OF OFERA	0	55, m/ 65 (1)						Y	res 🗌	NO X
CA	21A. EXTE	RNAL CAUS	SE WAS		CE OF INJURY			OCCUR?	(If in Baltimore City	, give ex	act location	on)
EDICAL		CAUSE O	CONTRIB-		Street				Blvd. & Arlin	ngton	Avenu	E1.1
Σ	F INJUR	Y	Day) (Year)		21E. INJURY OC			M DID וחרמו				
L	eptemb	er 29,	1950 3:	45 Pm?	WORK NO	WHILE X	Pede	-	run over by t	truck		
	22. I ceri	tify that I	took char	ge of the	remains descr	ribed abo	ve, held	Wit	Inquiry, Inspection or Inquir	the	reon and	d fron
	the e	vidence ob	tained by	said Auto	psy, Inspection rom: natural	n or Inq	uiry, find	d that said	deceased died on $ \Box $, homicide $\Box $,	the day	stated rmined	above
	23A. SIGN	<u> </u>		1	0 0 0		238. CH	IEF MEDICAL		23c. DAT	TE SIGNE	
2	1 AM	CREMA-12	4B. DATE	1 Jun	24C, NAME OF C	M.D.	MEDICA	L INVESTIGA			30-50	(State)
FI	AA: BURIAL. ON, REMOVAL	(Specify)	. 1 1		14 (1	3	LM TIL			(2
1	ATE RECEIV	ED BY I R		SO	Morelan	d T	5 FUNEDA	AL DIRECTOR	4110 110	ADDE	RESS	-
	GAL REGIS		tutie	- Carry 194.6	Minus, ALM	7	Conar	103	ck- 5305	Hor	Ford T	Rd
v	S 151 /	V804	1.2		Complete of					1700	- 1	
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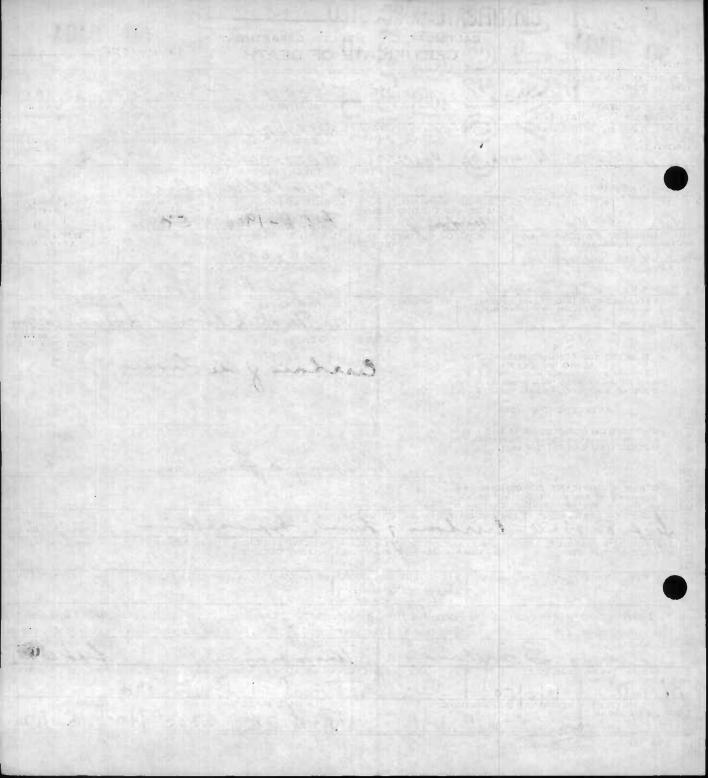
Dr. Golley

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE Sct. 1, 1950 (Type or Print) Louisa J. Peters DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Mary land B. FULL NAME OF (If not in hospital or institution, give street address or c. CITY OR TOWN (If outs Baltimore HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Pine Ridge NursingHome D. STREET ADDRESS (If rural, give location) Mos. 3312 Lerch Drive ength of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify)
WIDOWED Mar. 13, 1856 female white 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
at home INDUSTRY WHAT COUNTRY? Amaterdam, New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Lester Fannie 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS drive SECURITY NO. Mrs. Herbert Hofstetter, 3312 Lerch INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT AT WORK WORK . 19 . that I last saw the 22. I hereby certify that I attended the deceased from a legal , 1950, and that death occurred at 230 Im., from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 23A SIGNATURE 24A. BURIAL, CREMATION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 249 DATE Amsterdam, New York 10 - 4 - 50Burial 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Leonard J. Ruck, 5305 Harford Road.



O- 2.54 CERTIFICATE CORRECT	ED 11-16-50	
BALTIMORE CITY HI	EALTH DEPARTMENT	484
BIRTH NO.	E OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print)	2. DATE	
JHOMAS VINCENT	O CONNELL DEATH SEPT 1 4. USUAL RESIDENCE (Where deceased lived, If institu	30,1950
A. Baltimore City, Maryland	A. STATE B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION		e RURAL and give
UNION MEMORIAL HOSPITAL	BALTIMORE 8-0	township)
49 Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8 DATE OF BIRTH 19 AGE (In years) Hillader 1	Vent. I II Dadas 24 House
S. SEA O. COLOR OR RACE / SINGLE, MARKIED, WIDOWED, DIVORCED (Specify)	last hirthday) Months I	
10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF
work done during most of working life, even if retired) INDUSTRY		HAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas VO'Connell Sr.	Margaret a. Lorneles	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ss 1
Unknown	Mrs. Elegabeth Kevers - 2416	Telham
18. 581.0 CAUSE		NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 . 7+1 Line	>
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	orne y de pierce	
ANTECEDENT CAUSES		
Z (B)	did all and	***************************************
	Carlow Runburg	2
[(c) //un	about a place Vinguisa	
OTHER SIGNIFICANT CONDITIONS CON-		
O TO THE DISEASE OR CONDITION CAUSING IT.	RATION //	20. AUTOPSY?
Sept 18, 1950 lendonis 7 Le	nee, Hyperplaneson.	YES NO
D HOMICIDE (Specify) about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	kact location)
Z ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from &-	25 + , 1950, to 9-30 , 1950tha	t I last saw the
	rred at 1:02 Pm., from the causes and on the da	
Milare Danielans -	Harry handiel Arg. 23	LA 30 /6(7
24A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or cot	inty) (State)
Denia 10/3/50 New Ca	Chedral Bolho Mo	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	9 - 4	RESS
CT 7 900 Mustington Williams up 1 0	ABYTURKS 5305 Harro	DU per
vs 150 400	60	1243



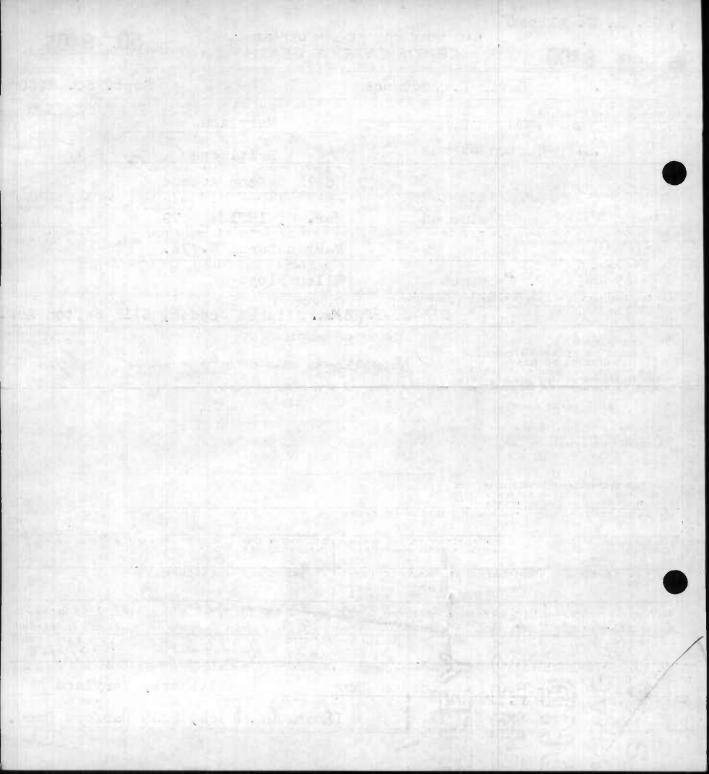
Dry E/ 5. Alessi

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8405

BIRTH NO.	1 1413 OC 1				*	
1. NAME OF (Type or Print)	DECEASED	avid F.	Provance	.19	2. DATE OF DEATH	ept. 30. 1950
3. PLACE OF I A. Baltimore B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland		on, give street address or location	A. STATE MAI	ry land (If outside corporate	ed. If institution; residence y before admission) limits, write RURAL and give township)
c. Length of	stay in Baltimore	0011 4	Yrs. Mos. Days	D. STREET ADDRE	Itimore 7 SS (If rural, give location Avenue	7-00
male	6. COLOR OR RACE white	wide	MARRIED, ED, DIVORCED (Specify OW ed	Mar. 8, 18	last birthday 79	Months Days Hours Min.
Retir		10B. KIND	OF BUSINESS OR INDUSTRY	Martinsbu	-	12 CITIZEN OF WHAT COUNTRY?
	Ephriam F.			Ellen Flo		
Yes, no or unknown	SED EVER IN U. S. ARMEI	e of service)	213-03-829	17. INFORMANT	ed Jensen, 6	115 Sefton Ave
(This do heart fai injury of the heart fai injury of the heart fai injury of the heart fail the	ASE OR CONDITION LEADING TO DEA es not mean the mode of lure, asthenia, etc. It mea r complication which of ANTECEDENT CAUSE ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA II SIGNIFICANT COND INTO TO THE DEATH, BUT DISEASE OR CONDITION DISEASE OR CONDITION LISEASE OR CONDITION	TH of dying, e.g. ins the disease caused death. SES F ANY, GIVING STATING THI AST. ITIONS CON NOT RELATE	(B)		mocular sissee	ev 5 yro.
19A. DATE		98. MAJOR	FINDINGS OF OPER	in or 21c. WHERE D	ID (If in Baltimore C	20. AUTOPSY? YES ND City, give exact location)
D. TIME INJURY	(Specify) (Month) (Day) (Year, by certify that I attached on the second of the secon	about home, fa (Hour) 2 m. tended the control of	TE. INJURY OCCURE HILE AT NOT WHILE WORK AT WORK deceased from and that death occu	RED 21F. HOW DID	INJURY OCCUR?	1950, that I last saw the on the date stated above.
24A. BURIAL. TION, REMOVAL Buria	(Specify) 1 10-3-	50	4c. NAME OF CEMETI Loudon Pa	rk	Baltimore,	Maryland
DATE RECEIV LOCAL REGIS OCT - 210		AND MALL	i Que Gara	Leonard J	A .	Harford Road.
1/5 150	Sty .				1	A .

which will go have been the middle



R-1	4	0
50		8406

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8406

Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE September 30 Ohn DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or SANATARIU (location) (If outside corporate limits, write RURAL and give INSTITUTION P LIIMORE (If rural, give location) Yrs. D. STREET ADDRESS Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years) last birthday) Months Days Married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? PICTURE Frame JOINER 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 4811 Kichard Hue SUSAN Kobel. CAUSE OF DEATH 18. 420,0 ONSET AND OEATH ChroNic MYOCARDITTS AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Desent pation MYO CAMDIAL (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ARleriusclenotic HEART DIJEANE CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. zed ARTERIUSclerusis 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, atreet, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from JANWARY 17, 1950, to Sept. 30, 1950, that I last saw the deceased alive on StoT 30, 1950, and that death occurred at 71/0 1 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE Burial eemer DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Ruck-5305 VS 150 were the state of the state of the

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H-5	50	8407
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8407

Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) LORETTA HAMILTON DEATH September 27, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Provident Hospital Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. 1606 McCulloh Street ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year last birthday) | Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) female colored dow 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR CE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY USA. 13. FAT ONG 15. WAS DECEASED EVER IN U. S. ARMED FORCES: Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Hypertensive cardiovascular disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION NO DE 21B. PLACE OF INJURY (e. g., is or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{Z} \), accident \(\mathbb{L} \), suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), undetermined \(\mathbb{L} \). 23B. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-HON, REMOVAL (Specify) 249 LOCATION (City, town, or county 248 DATE 24c. NAME OF CEMETERY OR PREMATORY 24A. E RECEIVED BY LOCAL REGISTRAR

4-1	5 2	
7	50 8408	

-	Y CO DANO B	ALTIMORE CITY HE	EALTH DEPARTMENT	59	8408
В	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No)
1.	NAME OF DECEASED MOLLIE	I EVEN	THAL	2. DATE OF DEATH DR	t. 2. 1951
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		nstitution : residence before admission)
H	OSPITAL OR	tution, give street address or location)		outside corporate limits,	write RURAL and give
11	ASTITUTION Leven	dall	baltun	are 15	-/V township)
C.	tength of stay in Baltimore	Yrs. Mon-	2806 Jul	rural give jocation)	ive
1	emale white is	GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years It is less birthday) Mon	ths Days Hours Min.
1C	JOHN USUAL OCCUPATION (Sivekind of 10B. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE State or V	reign country)	12. CITIZEN OF WHAT COUNTRY?
13	HOL KNOWN		14. MOTHER'S MAIDEN NA	AME	
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	Meyon Lever	ether - AD	Paul
	1892 %.	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	LY PO.	- 1 - 1	1/3	ONSE! AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the diinjury or complication which caused di	sease,	our repr	rus	years
	ANTECEDENT CAUSES				
NOF	DISEASES OR CONDITIONS, IF ANY, G	(B)			
FICATI	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO			
		(C)			
ERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REI	ATED			
U.	19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
AL	0				YES NO
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. about bo	PLACE OF INJURY (e. g., i me, ferm, factory, street, office bldg.,		If in Baltimore City, gi	ve exact location)
Σ	D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE		/ OCCUR?	
	m	. WORK AT WORK	-40.1	0-2 1050	
	deceased alive on 10-2, 195		rmed at 3 3 2 m from t	he causes and on the	, that I last saw the
	23A. SIGNATURE		23B. ADDRESS	/	23c. DATE SIGNED
	Dr. Henry	Magel M.D.	Levindale &	ones	10-2-50
	AA. BURIAL, CREMA- ON SEMOVAL (Specify)	Newwy	Keen	ocation City, town, o	or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNA	ATURE MAN OF STATE	24. FUNERAL DIRECTOR	3. 8.7	ADDRESS PO

REGISTRAR'S SIGNATURE

120 FUNERAL DIRECTOR

200 FUNERAL DIRECTOR

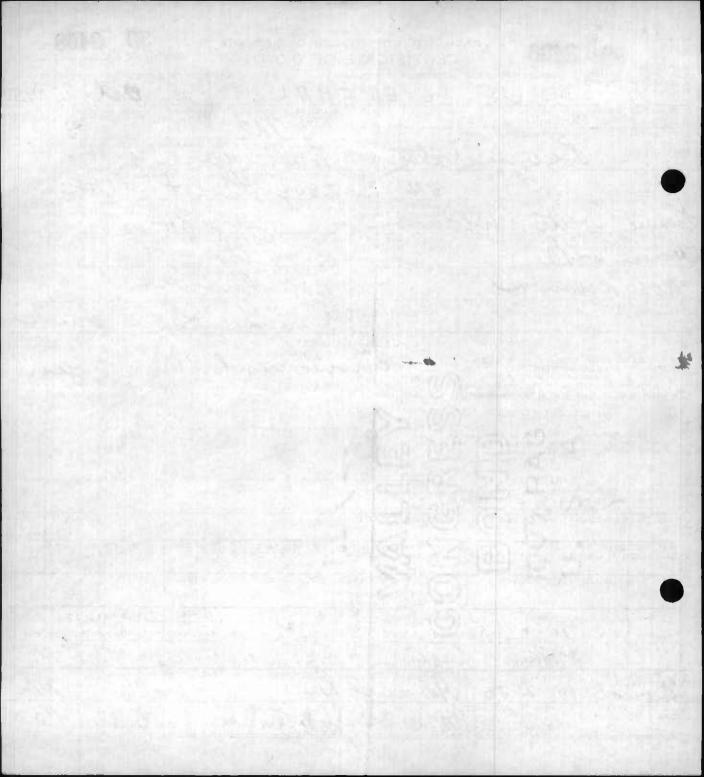
200 FUNERAL DIRECTOR

200 FUNERAL DIRECTOR

2100 FUNERAL DIRECTOR

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BIRTH NO.	0.300

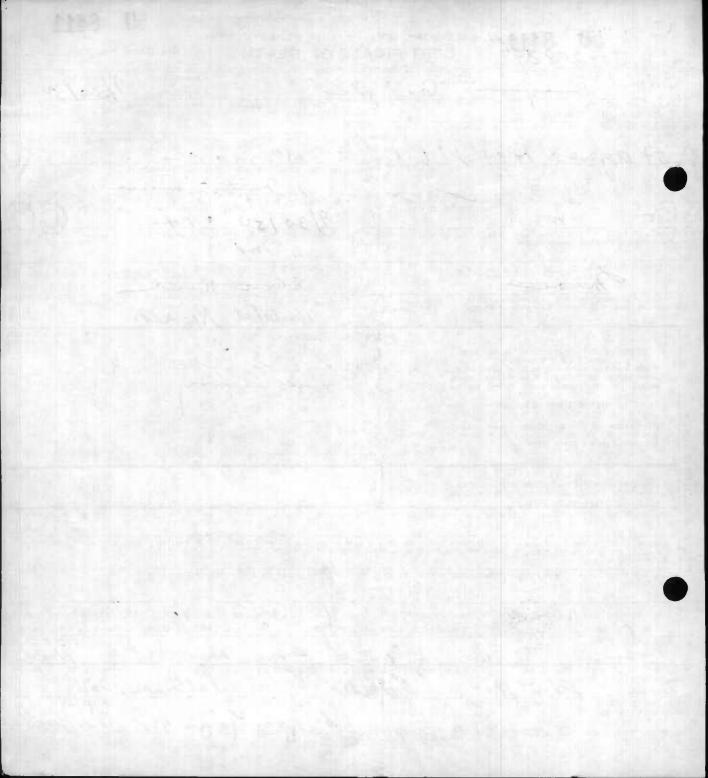
CERTIFICATE OF DEATH Registered No. 8409 BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.								
	NAME OF DEC		lter F	red Webster			2. DATE OF DEATH Sept	ember 29.	1950
Α.	PLACE OF DEA Baltimore Cit	ty, Maryland			4. USUAL RESIDE	NCE (W		f institution : reside before adm	ence
H	FULL NAME OF	(II not in nospi	al or institut	ion, give street address or location)		(If c	outside corporate lim	its, write RURAL a	nd give
11	ISTITUTION []	niversity H	oenital		Baltimore		17.		wnship)
		III VCI DIO,	Osproar	Yrs.	D. STREET ADDRE	SS (lfr	ural, give location)	12.	
d	ngth of sta	y in Baltimore		Mos. Days	711 Pierce	Stre	et		
5.		COLOR OR RACE	7. SINGLE	E. MARRIED.	8. DATE OF BIRTH		9. AGE (In years)		r 24 Hours
I	nale	colored	brw.	OWE C	189	93	last birthday) N	Ionths Days Hours	s Min.
		JPATION (Give kind of corking life, even if retired)	Gene:	of Business or INDUSTRY	Lancaster			U.S.A.	
13	FATHER'S NA				14. MOTHER'S MA	IDEN NA	ME		
		Unknown			Mary J	ones			
Ye Ye	. WAS DECEASED o, no or unknown)	EVER IN U. S. ARME (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Leonard We	bste		address	
	18. 4	1424		CAUSE	OF DEATH			INTERVAL BE	ETWEEN
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED									
CE	19A. DATE OF	OPERATION 1		FINDINGS OF OPER	ATION			20. AUTOF	PSY?
٦		2						YES X	NO L
MEDIC	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?								
	INJURY		m.	WHILE AT NOT WHILE					
	22. I certify	that I took eha:	ge of the	remains described of	above, held an		topsy	thereon and	from
the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause					Inquiry, find that	said de	nspection or Inquiry eeased died on t □, homieide □,	the day stated	above, □.
	23A, SIGNATU				23B. CHIEF ME ASSISTANT ME D. MEDICAL INVE	EDICAL E	XAMINER 2	3c. DATE SIGNE	
2	4A. BURIAL, CR	EMA- 248 DATE		24c. NAME OF CEMETE			CATION (City, tow		State)
	on REMOVAL (Spe Burial	TO-4-50)	Mt. Auburn		Bal	timore, 30	Md.	
	ATE RECEIVED DCAL REGISTRA CT - 2 1950		S SIGNATU	Mania, Mar	25. FUNERAL DIR	ON-	916 PENN	ADDRESS	1
V	S 151		8	970	99			131a V	

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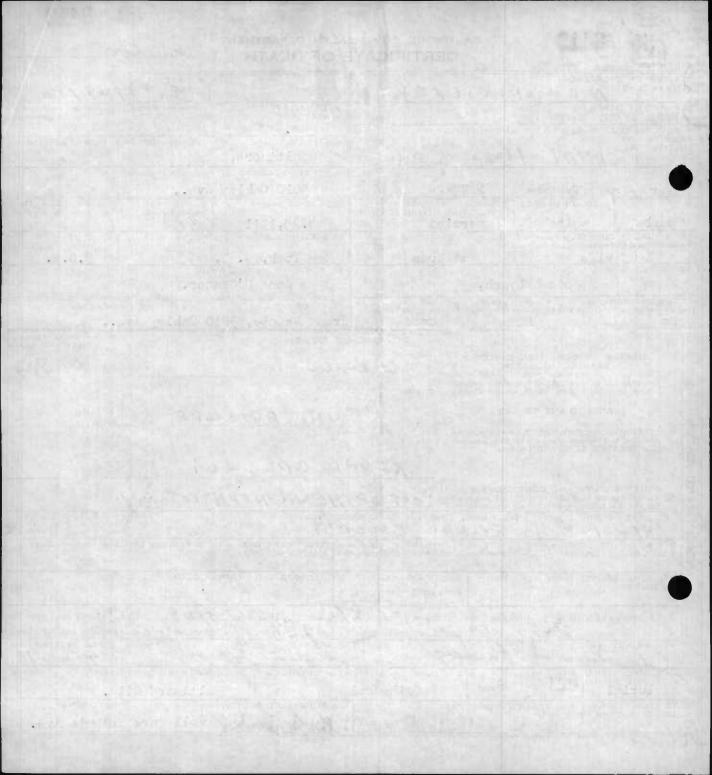
	5-30	30110	CERTIFIC	TIMORE CIT	RECT Y HE	ALTH DEPARTMENT	50 Registered	No. 841	.0
	RTH NO.	7-3-3-3-		CERTIFIC	-A ! L	OF DEATH			
	NAME OF D ype or Print)	ECEASED	HONIA.	5	ーナチ	CH	OF DEATH OC	TOBER	1.1950
Α,		City, Maryland		SILIM		4. USUAL RESIDENCE (V	B. COUNTY		: residence ore admission)
H	SPITAL OR ISTITUTION		opkins Hos		cation)	c. CITY OR TOWN (III Philadelph	outside corporate lin	nits, write RU	RAL and give township)
-	59.				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)		
-5	ength of s	tay in Baltimo	710	E. MARRIED.	Days	2148 -4140 Sears	9. AGE (In years)	H Hadar 1 Year	I If Under 24 Hours
J.	M	COLORE	WIDOW	ED, DIVORCED		Oct. 21, 1891	last birthday)	Months Days	Hours Min.
	done during most	CUPATION (Give of working life, even if r	retired)	OF BUSINESS	ORUSTRY	11. BIRTHPLACE (State or fo		12. CITIZ WHA	EN OF T COUNTRY?
13	FATHER'S	NAME	VD पा (1	14. MOTHER'S MAIDEN N		1 0.0	
	George 5					net day			
15	. WAS DECEASE	ED EVER IN U. S.	ARMED FORCES?	16. SOCIAL	-	17. INFORMANT		ADDRESS	
(Ye	Yes	(If yes, give war	or dates of service)	SECURITY	NO.	Termio Lae Stith	. 2148 Seur		Phills Pa
	18.	072.7		CA	USE C	OF DEATH		INTER	VAL BETWEEN
	Lar "	SE OR CONDIT	ION DIRECTLY						AND DEATH
	(This does	LEADING TO	DEATH node of dying, e.	B., (A)	RUSI	HINC INJURY	OF CHES	7	
	heart failt injury or	complication w	It means the discar hich caused death	e,					
Ш		ANTECEDENT	CAUSES						
7				· (B)	**********	*	***************************************		••••••••
õ	RISE TO T	THE ABOVE CAUSI	NS, IF ANY, GIVII E (A) STATING T					100	
AT	UNDERL	YING CONDITION	ON LAST.	(C)			***************************************		*******************************
ERTIFICATION		11							
3T			ONDITIONS COL						
CEF			DITION CAUSING I		0000	71081		120	AUTOPSY?
_	19A. DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF	OPERA	CITON		YES	
EDICA	21A. EXTERI	NAL CAUSE WA	S 218. PL	CE OF INJURY			If in Baltimore City	, give exact	location)
Ō	UNDERLYIN	G A OR CONT	KIB. about nome,	farm, factory, street, off	oe Diag., et ™	martin Boule	easter 18	aguiro	7. 5341
M		(Month) (Day) (Year) (Hour)	21 INJURY OC	CURRE		View	senge	e in bus
K	F INJURY	Stopen 1.	1950 5 Am.	WHILE AT NOT	WHILE	& that ran	off high	way + T	und over
R	22. I certi	fy that I took	charge of the	remains deser	ibed al	ove, held an Qu	topoy	thereon	n and from
Č	the ev	idence obtaine	d by said Auto	psy. Inspectio	n or In	Autopsy, iquiry, find that said d	Inspection or Inquireccased died on	the day st	ated above,
	23A. SIGNA		1/ xO1.	P = P		23B. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER	Oclober	SIGNED
	4A. BURIAL.		ATE	24c. NAME OF CI	EMETER		OCATION (City, tow		1
TI	ON. REMOVAL (S		4-50			Pl	ladel whia.	Pa	
Di	ATE RECEIVE	RAR	RAR'S SIGNATI	1110 -110	11	25 FUNETAL DIRECTOR	1232 6	ADDRES	s /
TH	CT - 719	3U 4M	thuylor /			veorge comer	1 1232 3	126/8	1/-
V	S 151	N-862.	0	750	61	7 Phila. Pa	2. /	700	Y

CERTIFICATE CORRECTI	D 10-5-50 S 50 8444
50 8414 BALTIMORE CITY HE	EALTH DEPARTMENT
BIRTH NO. 50-20939 CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Bactural JOSEPH	2. DATE 9/30/12
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. CQUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Bills:
INSTITUTION TO A COLOR DI TO	townshi
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	yndcrest ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTY 9. AGE (1n years 1 Under 1 Year 1 Under 24 House 1 Under 1 Year 1 Under 24 House Minches Days Hours Minches Min
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	
13. FATHER'S NAME Joseph Patrick Geipe	14. MOTHER'S MAIDEN NAME Jane Frances DeChantes
Thenancia	Elvi Hill Sturm
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT, ADDRESS Hospilal Records.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., CAUSE OF DEATH	in or 21C. WHERE DID (If in Baltimore City, give exact location) otc.) INJURY OCCUR?
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR FINJURY WHILE AT WORK AT WORK	
22. I hereby eertify that I attended the deceased from.	9/50 , 1950, to 9 9/30 , 1950 that I last saw to
deceased alive on, 19 and that death occur	
23A. SIGNATURE 7. MUNICIPAL M.D.	23B. ADDRESS 23C. DATE SIGNER
	RY OR CREMATORY 240. LOCATION (City, town, or county) (State
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	6: Vernon Lemmar 4611 Bark Heichts
- 24800 Millianie, Marie	6 47
11'	159



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

B	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF DECE	ASED				2. DATE	
(7	Type or Print)	MARION	oki	FFER	5	OF DEATH	129150
A.	Baltimore City	, Maryland			4. USUAL RESIDENCE	(Where deceased lived, I B. COUNTY	f institution : residence before admission)
H	FULL NAME OF OSPITAL OR	(If not in hospit	tal or institut	ion, give street address or location)		If outside componete lim	its, write RURAL and give
11	S I	NAI 1	HOSP	OL BALTO.	Baltimore,	11 outside corporate nin	township)
10	01	IV PI I		Yrs.	D. STREET ADDRESS (1	If rural, give location)	-/-/
C.	Length of stay	in Baltimore	9 у	ears Mos.	3010 Oakley		
5.	. SEX 6.0	COLOR OR RACE	7. SINGLE	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year H Under 24 Hours
	female	white	mar	ried	Feb.25,1911	39	Days Hours Min.
10 wor	A. USUAL OCCUP A done during most of wor	ATION (Give kind of klug life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	housewi	fe		t home	_ New York. N. Y		U.S.A.
13	FATHER'S NAM				14. MOTHER'S MAIDEN		
		Joseph L			Jane 0'Co	nnor.	
15 (Ye	5. WAS DECEASED ET	VER IN U. S. ARMEI If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS
	no			none	Frank McCabe, 30	10 Oakley Ave	9.,
	18. 602	Χ .		CAUSE	OF DEATH		INTERVAL BETWEEN
		OR CONDITION					ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A)						6 wells
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
Z							
은	DISEASES OF	R CONDITIONS, I	F ANY, GIVIN	NG HE DUE TO			
X	UNDERLYING	CONDITION L	AST.				
F		LUNG TO BE		CRENT	7L CALCU	Li	
ERTIFICATION	OTHER SIGN	II IIFICANT COND	ITIONS COL				
CE	TRIBUTING TO	THE DEATH, BUT	NOT RELATI	TOST OP	HEMI-NEP	HRECTOMY	
1	19A. DATE OF O			FINDINGS OF OPER	RATION		20. AUTOPSY7
CAL	8/221	100	100	JAL CALC			YES NO
EDIC	21A. ACCIDENT. HOMICIDE (S	SUICIDE.			n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
ME							
	OID. TIME (Mon	th) (Day) (Year)		21E. INJURY OCCURR		RY OCCUR?	
			m.	WHILE AT NOT WHILE			
1	22. I hereby ce	rtify that I att	tended the	deceased from 8	/20 , 1950 to	9/25 ,193	that I last saw the
	deecased alive				rred at 7 15 P.m., from	the causes and on	the date stated above
	23A SIGNATUR		Rud	alpl. 2	238. ADDRESS	-4	23C. DATE SIGNED
-	A BURIAL CREE	AL 249 DATE	June	M. D.	DY OR CREMATORY 345	LOCATION (City, town	n, or county) (State)
TI	ON, REMOVAL (Special	OCT 2	1950				
-	burial ATE RECEIVED B	V PECICEPAD		Cathedral		Baltimore Cit	ADDRESS
L	OCAL REGISTRAR	Y REGISTRAR	SIGNATE	MIN CONTRA	25. FUNERAL DIRECTOR		
-	TEN TOTAL	1	trul	Volden seid, Mark	10- BUHAN SEMINAN	. TOLL PARK I	Heights Ave.
1	JU VS 150		0				12.10



"	TILAD		TO BE APA	CKOVED	BYN	/EDICAL	EXMINER
	1- 300 8	413	ALTIMORE CITY H			V -	
В	IRTH NO.		CERTIFICAT	E OF DEA	ATH	Registered	No. O.44.7
	NAME OF DECEAS	MARIE (ATHERINE T	AYLOR		2. DATE OF DEATH	Oct. 50
	PLACE OF DEATH: Baltimore City,			4. USUAL RES	SIDENCE (Wh		If institution: residence before admission
В.	FULL NAME OF		itution, give street address or location)			Cour	E 5600
7		INIVERSITY	HOSP.	c. CITY OR TO	WN OFFE	uside corporate lir	nits, write RURAL and giv township
	ength of stay in	Baltimore	Yrs. Mos. Days	D. STREET AD	DRESS (If ru	ral, give location)	Md
Ŧ	EMALE V		GLE, MARRIED, OWED, DIVORCED (Specify)	S. DATE OF BI	11909	AGE (In years last birthday)	H Under 1 Year Months Days Hours Min
Wor	A. USUAL OCCUPA	TION (Give kind of 10B. K	ND OF BUSINESS OR	11. BIRTHPLA	CE (State or fore	ign country)	12. CITIZEN OF
	FATHER'S NAME		IN HOME	me	regles	1	WSA
1.3	1 //	Huguer		14. MOTHER'S	MAIDEN NAM	E	
15 (Ye	WAS DECEASED EVE	R IN U. S. RMED FORCES	? 16. SOCIAL	17. INFORMAN	IT	1/	ADDRESS
	No	or dues of Betvice	SECURITY NO.	GFORF	E /AYL	OR HA	MPSTEAD, MD
	18. 443	X 649X		OF DEATH			INTERVAL BETWEEN
	LEAD	CONDITION DIRECTS DING TO DEATH nean the mode of dying,	//	EASCENDIN	IC ADOLL	ADDTA WIL	TH @ 10 min
	heart failure, asth	nenia, etc. It means the dis ication which caused de		eicardial			THE OWNER
	ANTE	CEDENT CAUSES	1/			THE PLANE	0 4
NO O	DISEASES OR C	CONDITIONS, IF ANY, GI	VING	RIENSIVE	CARDIO	MSCULAR	Drs UNKNOWN
CAT		OVE CAUSE (A) STATING CONDITION LAST.	(C) IN FO	ULL TER	M REC	SUANCY	
TIF		- 11		C	ERTIFICATIO	N APPROVED	BY
ER	TRIBUTING TO TH	ICANT CONDITIONS (HE DEATH, BUT NOT REL	ATED	Store	Jan H. K)	DI .
U	19A. DATE OF OPE	RATION 198. MAJ	OR FINDINGS OF OPER	ATION	//0.70		M. D. 20. AUTOPSY?
CAL		2				WEDICAL EXAMINER	YES NO
MEDIC	21A. ACCIDENT W LYING OR CON CAUSE OF DEATH	TRIBUTING about hor	PLACE OF INJURY (e. g., in the farm, factory, street, office bldg., of			n Baltimore City	, give exact location)
	21D. TIME (Month) OF INJURY	(Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F, HOW	DID INJURY	CCUR1	
		m	1				
		ify that I attended t	ne deceased from	111 20			Sothat I last saw th
	deceased alive on	10 6 7	2. and that death occur	3B. ADDRESS	m, from the	causes and on	the date stated above
	7/	Mu 6. Ha	VOSE M.D.	66.1	Clad &	₩.	10-1-50
15	NA. BURIAL, CREMA-	10/4/12	24C. NAME OF CEMETE	RY OR CREMATO	RY 24D. LOC	ATION (City, tow	n, or county) (State)
D	ATE RECEIVED BY	REGISTRAR'S SIGNA	TURE	25. FUNERAL I	DIRECTOR .	ay es	ADDRESS
	OCAL REGISTRAR	K/11	Cause Mille	Eden) a	Il late	y Hace	upstead
-	10 os 450 1950	WW. 444 1 18	TU (2 1) 11	6 4 5	-	1	1 201
	1				Marie S	15	00 /00

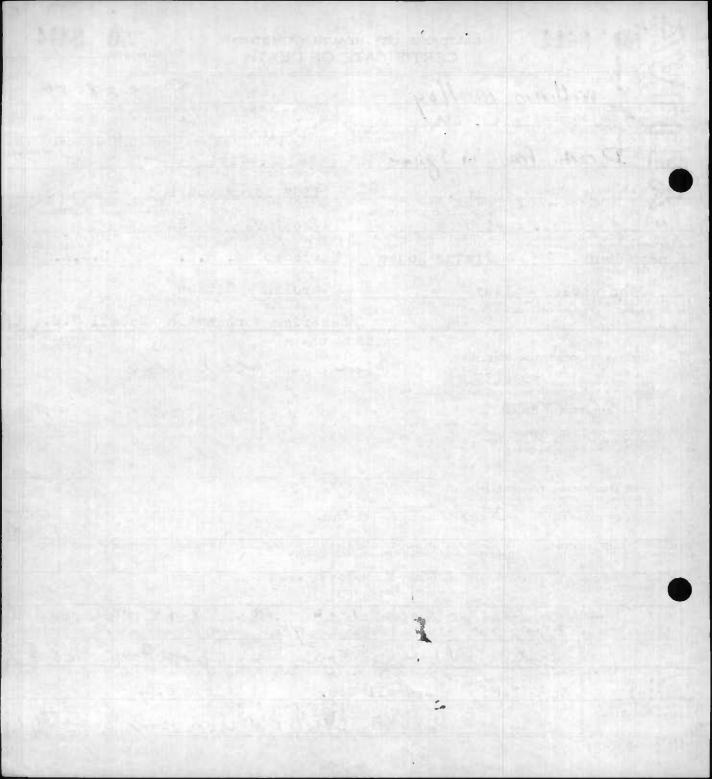
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M-	40	0	11	
BIRTH I	١٥.			
1. NAME	OF DEC	CEASE		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

_							
	NAME OF I		MA	1/04		2. DATE OF DEATH	9-28-50.
3.	PLACE OF I			Oi tw	4. USUAL RESIDENCE	DEATH	ed. If institution; residence
8.	FULL NAME	OF (If not in hospi	tal or institut	ion, give street address or location)			
11	ISTITUTION-	DOA. Fr.	anklin		Balto.Cit	1	limits, write RURAL and give township)
				Yrs.	D. STREET ADDRESS	(If rural, give location	n)
5.	Length of	stay in Baltimore		Days Days	B. DATE OF BIRTH	9. AGE (In year	rs II Under 1 Year II Under 24 Hours
	m	Col		ED, DIVORCED (Specify)	4/26/1894	last birthday)	Months Days Hours Min.
1C worl	A. USUAL O	CCUPATION (Give kind of working life, even if retired	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
I		Man		ur House	Marlboro Co		U.S.A.
13			77.0-		14. MOTHER'S MAIDEN		
15	JOh S. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	Carolin (Gibson	ADDRESS
(Xe	No or unknown	(If yes, give war or dat	es of service)	SECURITY NO.	Beatrice Was	hington Me	cCall S.C.
	18. 42	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	TH	42	4 1 10	clusion	
	heart fail	es not mean the mode ure, asthenia, etc. It me	ans the diseas	e,			
	injury of	r complication which ANTECEDENT CAU		a.) DUE TO			
NO							
RTIFICATION	RISE TO	THE ABOVE CAUSE (A)	STATING TH				
FIC				(5)			
RTI	OTHER	II SIGNIFICANT COND	ITIONS COM	(C)			
CE	TO THE	G TO THE DEATH. BUT DISEASE OR CONDITION	N CAUSING 1	т			
AL	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i		(If in Baltimore Ci	ity, give exact location)
ME							
	F INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE		URY OCCUR?	
	22 1 hove	by certify that I at	m.	described from	- / 6 1050 to	981	1950, that I last saw the
	deceased a						on the date stated above.
	23A. SIGNA	TURE L	110	MINN	538. ADDRESS	Man re Ho	23c DATE SIGNED
2.	4A. BURIAL. ON, REMOVAL (CREMA- 248. DATE	1	M. D.	RY OR CREMATORY 24	D. LOCATION (City, t	
	Burial	10/3/	1950			alcum S.C.	
	ATE RECEIVE		'S SIGNATU	RE O	20 TUNERAL DIRECTO	R	ADDRESS
-	1075	100	To The	Marille Mar	Lung 1: Will	son love) Islamy W
	D 40 450	1950	0	690 3	34		94a.

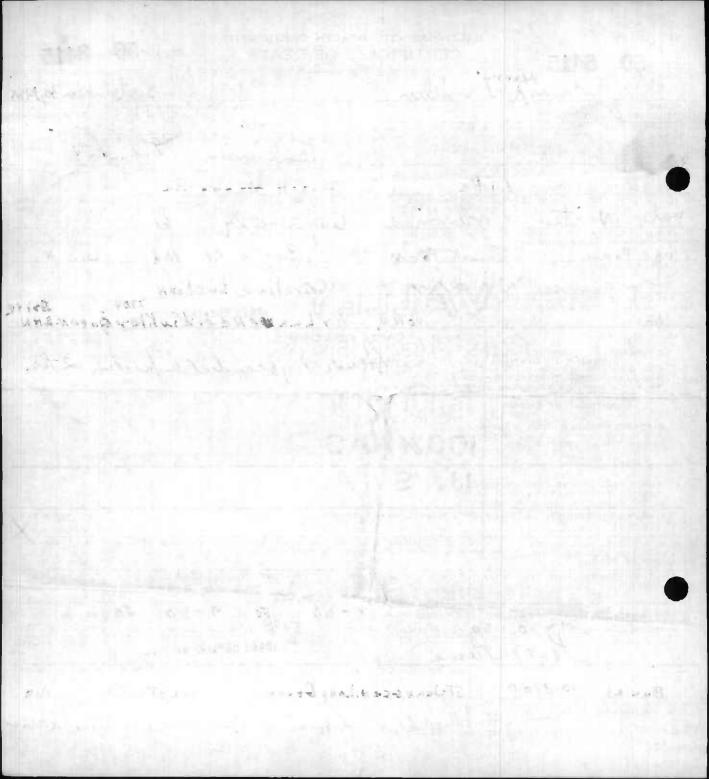


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BALTIMORE CITY HEALTH DEPARTMENT

1	Registered	No.	2	44	-
			3.7	- 1	

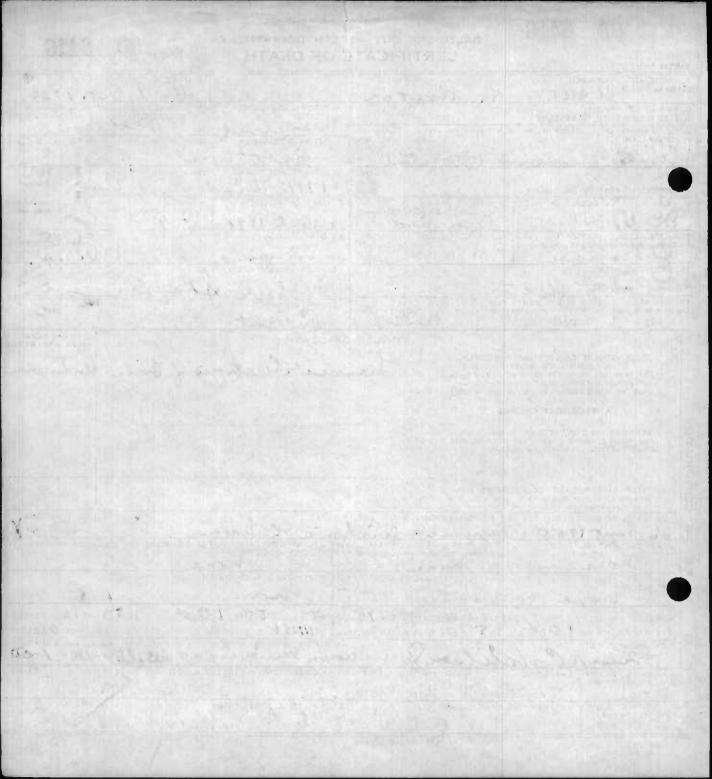
BIRTH NO. 0 8415 CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED HOTTY (Type or Print)	2. DATE OF DEATH Sextender 30, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location INSTITUTION ADMINSTRATES ADMINSTRATES ADMINSTRATES ADMINSTRATES ADMINSTRATES ADMINISTRATES ADMINIS	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Ingth of stay in Baltimore Life Mos. Days	Carnott Manor Rd 5300
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	Gug 27-1889 61
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	II. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lawrence Winkley	Caralines Luckery
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (1f yes, give war or dates of service) SECURITY NO.	17. INFORMANT
NoNe	Mr Lau We No ei Winkton Queen-ANNe
DISEASE OR CONDITION DIRECTLY	of DEATH when Myolandial Infancian 2 hr.
ANTECEDENT CAUSES (B)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	-30 , 1950, to 9-30 , 1950, that I last saw the
deceased alive on 30, 195A, and that death occu	rred at 5035n., from the causes and on the date stated above.
23A. SIGNATURE Glomfame M. D.	236. ADDRESS HOTELDS HUSTILE 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 PUNERAL DIRECTOR ADDRESS
T 01000 Multigion Williams Man	La Brothen Furel Home 7+01 Blain Rd alt to
Vs 1580 /00	940



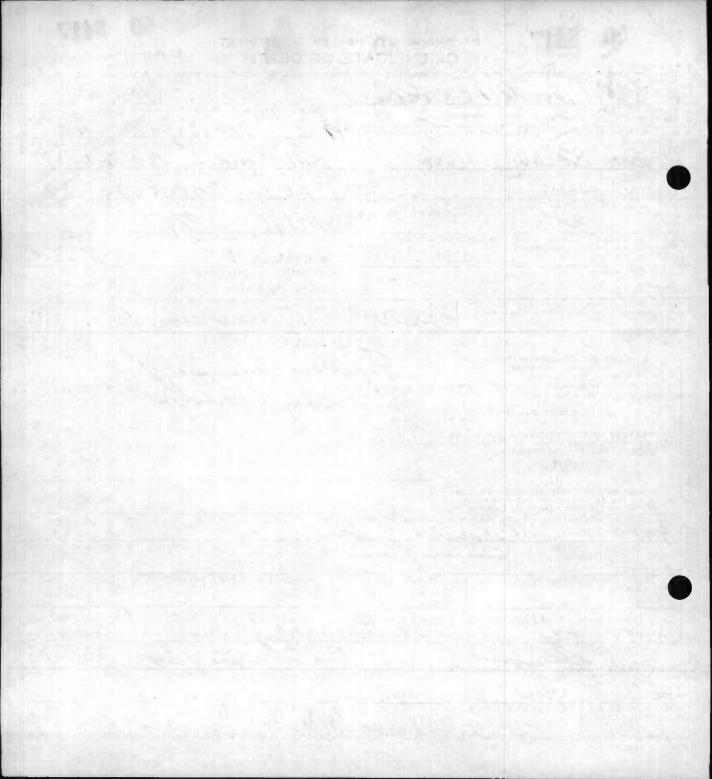
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

В	RTH NO.		CERTIFICATI	OF BEATH		
	NAME OF DECEASED ype or Print) HARRY	R.	RECTOR		2. DATE OF DEATH / O	CT. 1950
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	stitution: residence before admission)
H	FULL NAME OF (If not in hospi DSPITAL OR STITUTION	tal or institution	on, give street address or location)	Maryland	outside corporate limits,	write RURAL and give
	Union memoris	e 140	apital	Baltin	ou 7-0	2 (ownship)
C.	Length of stay in Baltimore		Yrs. Mos. Days	17/2 Wine	rural, give location)	ve,
5.	SEX 6. COLOR OR RACE		MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH		der I Year If Under 24 Hours hs: Days Hours Min.
	male White	me	arried	3 april 1891	59	
	A. USUAL OCCUPATION (Give kind of doubled most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 1	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	1 rood P	roducts (W)	14. MOTHER'S MAIDEN N	AME	U.S.A.
	Pratt Ros	T.		million.	Lellon	
15 (Ye	was DECEASED EVER IN U.S. ARME (If yes, give war or dat yes World War	es of service)	16. SOCIAL SECURITY NO. 212-01-6399	17. INFORMANT	ADI	DRESS
	18. 5711	// 1		OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION		2			ONSET AND DEATH
	LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	of dying, e. g	e,	nee's Gurbo	eis of Tiver	Unknown
	ANTECEDENT CAU	SES				
Z	DISEASES OR CONDITIONS,	IF ANY GIVIN	1 /			
ΕΨ	RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L) STATING TH				
FICATION						
ERTI	OTHER SIGNIFICANT COND	DITIONS CON	(C)			
CEF	TRIBUTING TO THE DEATH, BUT	NOT RELATE	D.D	••••••		
1	19A. DATE OF OPERATION	198. MAJOR		RATION		20. AUTOPSY?
CA	21A. ACCIDENT, SUICIDE,	21B. PLA	CE OF INJURY (c. g., i	o or 21c. WHERE DID (If in Baltimore City, giv	ve exact location)
EDI	HOMICIDE (Specify)	ahout home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?	ne	
Σ	FINJURY (Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	none	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I at	tended the	deceased from 15.	Sept , 1950 to 1		that I last saw the
	deceased alive on 10ct	_, 1950		rred at 11:25 Pm., from t	he causes and on the	date stated above.
	Frank C	Vil	M. D. 2	244	Hora Ball.	-10-1-00
2	4A. BURIAL, CREMA- ON, REMOVAL (Specify)		24c. NAME OF CEMETE		OCATION (City, town, o	
	Burial 10/3/5		Moreland Me		Baltimore, Md	
	ATE RECEIVED BY REGISTRAF	R'S SIGNATU	IRE	25 FUNERAL PIRECTOR	Yang Hilas	ADDRESS
C.	1-71330	Live Alex	All Distances	0)1/41.1.00	may I san	What
	VS 150	. 6	490	63	12	40
			1		100	



BIRTH NO.	CERTIFICAT	E OF DEATH	Registered 1	No.
	sner		2. DATE OF DEATH /0~	1-50
a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or instit	ution, give street address or	1826 W.	NCE (Where deceased lived. If Saratos a St.	BALT.
HOSPITAL OR INSTITUTION SECOURS A	Hosp Yrs.	C. CITI OR TOWN	(If outside or porate limit with C. Ad.	ts, write RURAL and give
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SING	Mos. Days	1926 W	8 - 0 -4 -	
10A. USUAL OCCUPATION (Give kind of 10B. KIN	ND OF BUSINESS OR	8/17/26	last birthday) Mo	onths Days Hours Min.
Vork doos during most of working life, even if retired) Letter carrier 13. FATHER'S NAME	1 (U.S.Gov't)	Georgetown	D.C. DEN NAME	WHAT COUNTRY
John Weisner 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	Louise Grens		DDRESS S+
(1f yes, give war or dates of service)	213-28-5447		Elise Wiesner-192	
LEADING TO DEATH (This does not mean the mode of dying, of heart failure, asthenia, etc. It means the dise injury or complication which caused desertion and the complex of the complex o	(B)	hinny D	runu f	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED	PATION		20. AUTOPSY?
1 0 0 -	enina 1 13	laldy-		YES NO
	LACE OF INJURY (e.g., inc. ferm, factory, effect, office bidg., office bidge, office b	ED 21F. HOW DID		give exact location)
m. 22. I hereby certify that I attended th	work AT WORK de deceased from 9/	5 , 1950,	to 16-1- , 15	that I last saw the
deceased alive on 10 4, 1950		23B ADDRESS		he date stated above
24A, BUMAL, CREMA- TIOM, REMOVAL (Specify) Barial 10/4/50	Western Ce	m.	Balto., Md.	
LOCAL REGISTRAR REGISTRAR'S SIGNA	TURE AUGULANA	25 FUNERAL DIRE	Tickener +	Jans Pall
00 vs 150	335	90		523



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO. 50	CERTIFICATI	E OF DEATH	Registered No	0
1. NAME OF DECEASED (Type or Print) HENRIETT.	A EDDS		2. DATE OF DEATH Octob	ar 1 1050
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution)		4. USUAL RESIDENCE A. STATE Maryland	E (Where deceased lived, If in	
HOSPITAL OR INSTITUTION (1 (1) 1643 N. Fulton Ave	location)	c. CITY OR TOWN Baltimore	(If outside corporate limits,	write RURAL and give township)
c. Length of stay in Baltimore	5 yrs. Mos. Days		(If rural, give location)	
5. SEX 6. COLOR OR RACE 7. SINGL WIDOV	E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years) Hu	Inder I Year If Under 24 Hours ths Days Hours Min.
	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Hamlet, N.		12. CITIZEN OF WHAT COUNTRY USA
Robert Smith		14. MOTHER'S MAIDE Henriett	N NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Merlee F	erkins 1643 N	. Fulton A
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e., heart failure, asthenia, etc. It means the diseast injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS COLUMN TRIBUTING TO THE DEATH, BUT NOT RELATIONS TO THE DEATH AND	g., (A)	Younder	nbois	Doy.
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	PATION		20. AUTOPSY?
LYING OR CONTRIBUTING about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
ID. TIME (Month) (Day) (Year) (Hour) FINJURY m.	WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID IN.	JURY OCCUR?	
22. I hereby certify that I attended the deccased alive on 1971, 1950. 23A. SIGNATURE	and that death occulr		om the causes and on the	that I last saw the date stated above 23c. DATE SIGNED
24A. BURIAL. CREMA- 24B. DATE THON REMOVAL (Specify) 10/2/1950	Famity lot		Newport News,	
DATE RECEIVED BY REGISTRAR'S SIGNATURE OCT - 21950	WH. O G	1631 NN	uid Hill	ane
VS 150	124008000001111100			^ -

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ER DAAR

BALTIMORE CITY HEALTH DEPARTMENT	30 8919
BIRTH NO. CERTIFICATE OF DEATH Regi	stered No
1. NAME OF DECEASED (Type or Print) CHRISTING CHAPMAN 2. DATE OF DEATH	9/30/50
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. CO	UNTY before admission)
HOSPITAL OR location) C CITY OR TOWN (If outside corne	EARUNDEL prate limits, write RURAL and give
INSTITUTION linai Hopp. Glen Burnie [162.	7 HANNING PRIVISHIP)
Wos. D. STREET ADDRESS (If rural, give los	1 2 - 9 9
c. Length of stay in Baltimore Days 1027 MANNINGROAD - 15. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In	ARUNDALE 1 years H Under 1 Year H Under 24 Hours
	hday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country lindustry)	y) 12. CITIZEN OF WHAT COUNTRY?
NONE VALLEJO CALIF	u.s.
13. FATHER'S NAME	/
ARTHUR S. CHAPMAN RUTH E, KINDREAD	<u> </u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NONE 17. INFORMANT MRS ARTHURS. CHAPMAN	1627 MANNING RD GLEN BURNIE, MO
18. 0/0 X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH V	
(This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease,	02
injury or complication which caused death.) DUE TO 1.6. Illoringilla	4
ANTECEDENT CAUSES	- t-
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON-	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. /	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimo	re City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I aftended the deceased from 9/27/50, 19, to 9/30/5	o, 19, that I last saw the
deceased alive on 7/30/50, 19 and that death occurred at 8:35 Pm., from the causes of	
Lee n. Kastru M.D. 6 Linai Hosp	9/30/50

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) BURIAL DATE RECEIVED BY

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

ANNAPOLIS.

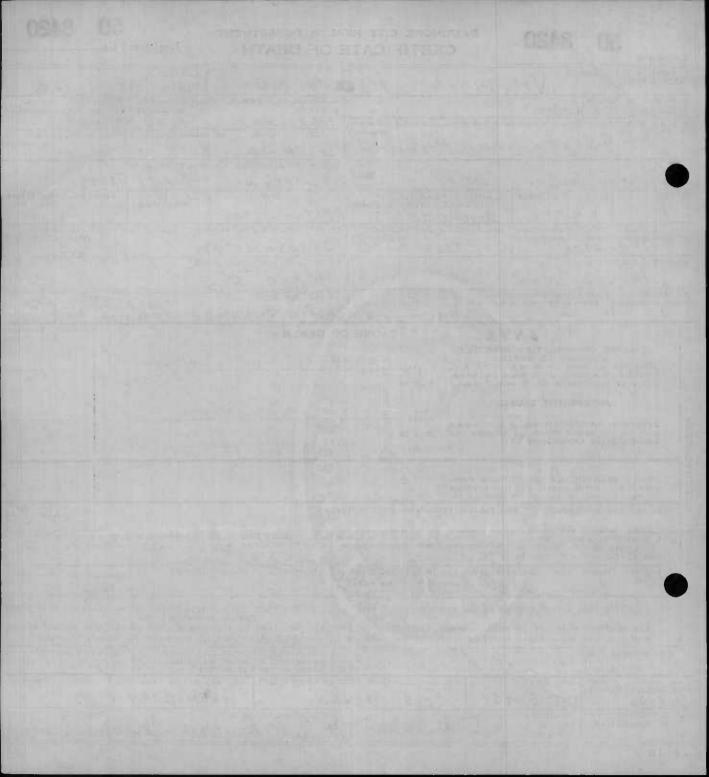
OCT - 1950

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS W Burns

well The menugles dinguises Confirmed 10 4.00 De Drummet Feb 50-8419

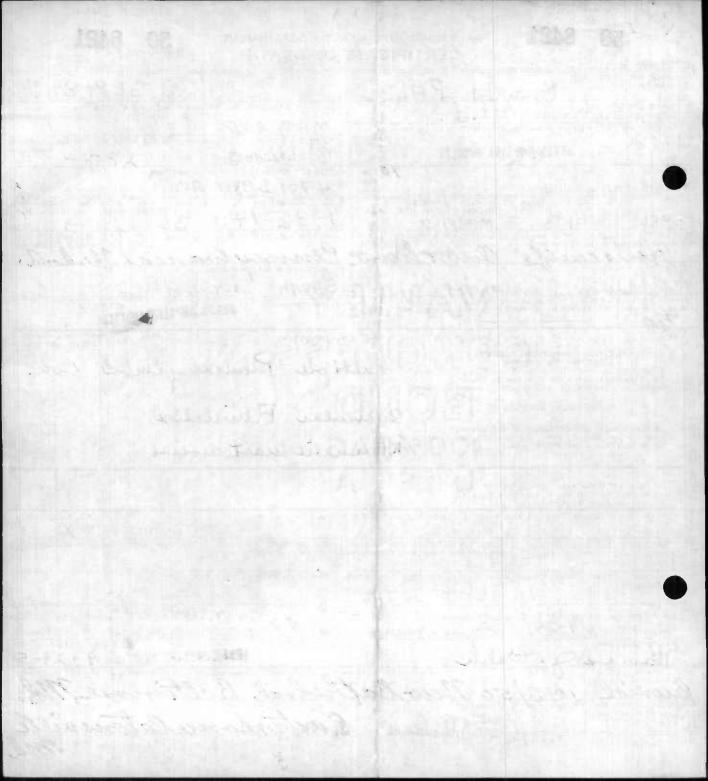


R-400 50 8421

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8421 Registered No.

BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) MILDRED RALL	of SEP+ 29,50
a. Baltimore City, Maryland Os L. 3	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	MARYLAND
INSTITUTION JORAS ROPAIRS HOSPITA	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
/0 Yrs.	O. STREET ADDRESS (If rural, give location)
c. Bength of stay in Baltimore Mos. Days	4701 SAYER AVE.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARKIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years fi Under Year fi Under 24 Hours last birthday) Months; Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR	1-22-14 36
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retyed) 10B. KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Middleton Vandergrift	SARAH LIVINGSTON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, og or ucknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT APRIS NOTALS ADDRESS
18. 416X CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	tiple Pulmmary Embale I whe.
ANTECEDENT CAUSES	cular Filipilatine
DISEASES OR CONDITIONS, IF ANY, GIVING	culte Cillullatine
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	matic heart duise
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of Death	o or 21C. WHERE DID (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE MORK AT WORK	
22. I hereby certify that I attended the deceased from	7-15 195°, to 9-29, 195°, that I last saw the
deccased alive on 9-29, 1950, and that death occur	rred at 19 fm., from the causes and on the date stated above.
7	236. ADDRESS HOLES ROPKIES NAME 9 - 29-50
24A. BURIAL, CREMA- TION REMOVAL (Specify) 24E DATE 24C. NAME OF CEMETE	
10UNIAL 10/3/50 //ew-Cas	thedral Baltimore Ma.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
101-21950 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Baston Sone Calonsville
VS 150	
VS 150	950 md



F-610

CERTIFICATE OF DEATH

Registered No.

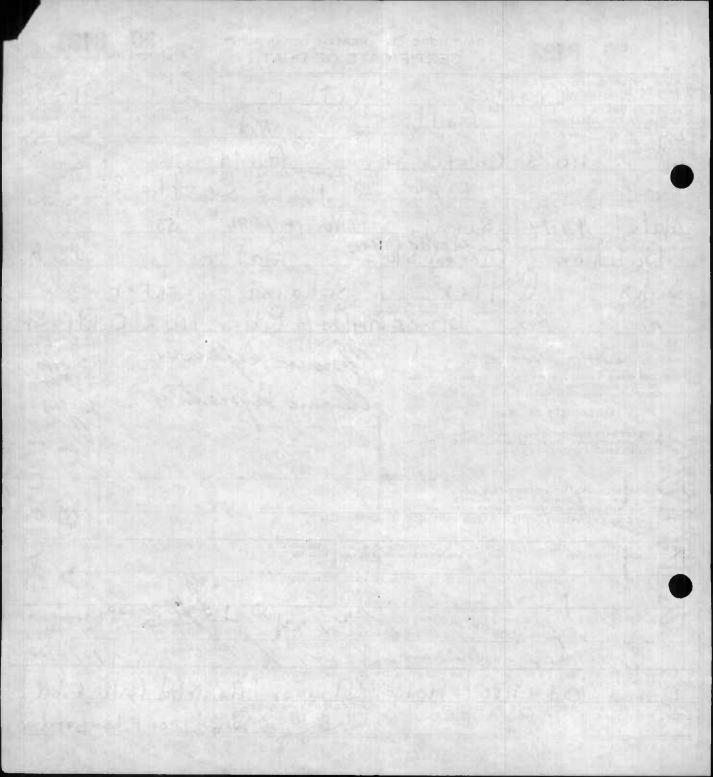
В	IRTH NO. CERTIFICATE OF DEATH	
	NAME OF DECEASED BY DEATH OCT-/	-1950
	PLACE OF DEATH: Baltimore City, Maryland Baltimore City, Maryland B. COUNTY A. USUAL RESIDENCE (Where deceased lived. If institution in the country of the	tion: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR (If outside corporate limits, write	RURAL and give
IN	St. Joseph Home for the Aged Balto 1-65	township)
	Ors. D. STREET ADDRESS (If rdral, give location) Nos. 130 C ++ 280211	- K Ava
The state of the s	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) 1 Under	Year If Under 24 Hours
	F. N. Single July 181870 80	
	DA. USUAL OCCUPATION (Give kind of kdone furing most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRT IPLACE (State or foreign country)	HAT COUNTRY?
13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	· S. A.
	Convad Froba Margaret Shirmer	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRES ADDRES	ss
-	No Mr. Stattord Gardele Rd	TERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	NSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	10/1/30
	injury or complication which caused death.) DUE TO	11/1
z	ANTECEDENT CAUSES HYPERTENSIVE CARDIS. VASCULAR DIS.	4/17/4
E S	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
ICA		
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON- HODGKIN'S DISTASE ???	77
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	20. AUTOPSY?
AL	19A. DATE OF OPERATION 19B. MAJOR TINDINGS OF STEMMEN	YES NO V
EDIC,	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give example) 1NJURY OCCUR?	cact location)
Σ	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE	
	22.1 her boy certify that I attended the december 1. 16:20P	it I last saw the
	23A SIGNATURE # // 23B. ADDRESS // 0. 23	C. DATE SIGNED
-	M. D. M. D. 240 DATE 240 NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or cot	
T	Bona Oct 4-50 Holy Redeemer Bulair Rd. Bal	to, b
	DATE RECEIVED BY REGISTRAR'S SIGNATURE COCAL REGISTRAR DIRECTOR ADDRESS OF THE PROPERTY OF THE	m bard St
	OC7= +58 1950	D /

R-	3	1	1	
/\-	J	6	V	
, ,	-	dia.	50	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered No.

BI	IRTH NO.	P DEATH
	NAME OF DECEASED Charles. Pit	ter 2. DATE OF 1-50
3. A.	Baltimore City, Maryland Salto, A.S.	SUAL RESIDENCE (Where deceased lived, If institution : residence TATE B. COUNTY before admission)
HC	FULL NAME OF (If not in hospital or institution, give street address or October 1 (If not in hospital or institution, give street address or October 1 (If not in hospital or institution, give street address or October 1 (If not in hospital or institution, give street address or October 1 (If not in hospital or institution, give street address or October 1 (If not in hospital or institution, give street address or October 1 (If not in hospital or institution, give street address or October 1 (If not in hospital or institution, give street address or October 1 (If not in hospital or institution, give street address or October 1 (If not in hospital or institution, give street address or October 1 (If not in hospital or institution, give street address or October 1 (If not in hospital or institution, give street address or October 1 (If not in hospital or institution) (If not institution) (I	ITY OR TOWN (If outside corporate limits, write RURAL and give
1	110 S. Castle 2t.	130 to 2-01 township)
C.	Length of stay in Baltimore Lifte Yrs. D. S. Mos. Days	TREET ADDRESS (If rural, give location)
		ATE OF BIRTH 9. AGE (In years II Under I Year II Under I August II Under I West II Under II II Unde
10		BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	autcher Grocery Store	Balto. WHAT SOUNTRY?
13.	B. FATHER'S NAME	MOTHER'S MAIDEN NAME
15 (Yes	3. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17.1	NFORMAN, ADDRESS
(100	NO NO. (11 yes, give war or dates of service) 317-05-3719/dc	M. Ritter 110 S. CastleSt
	18. 4/22,2 CAUSE OF E	DEATH TO THE DISET AND DEATH
	LEADING TO DEATH	ance regional 2 yrs
	heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO	nie myo cordites 2 yes.
z	ANTECEDENT CAUSES	
MOIT	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
FICA		
ERTI	OTHER SIGNIFICANT CONDITIONS CON-	
S	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
AL		YES NO
EDICA		2IC. WHERE DID (If in Baltimore City, give exact location)
Σ	FINJURY	21F. HOW DID INJURY OCCUR?
	m. WHILE AT NOT MURICE	9 50 Sept 30, 50
	deceased alive on 1997 and that de the occurred	19, to 19, that I last saw the
	23A. SIONATURE 23B. A.	29 1. Buray 23c. DATE SIGNED 10/2/30.
24 TIC	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR	01,01011
DA	Burial Oct 47950 Holy Reds	FUNERAL DIRECTOR ADDRESS
	ATE RECEIVED BY REGISTRAR'S SIGNATURE: 1 25 1	
p []	OCAL REGISTRAR REGISTRAR'S SIGNATURE	Dans Brow. 1800 E. hombard St
1		A DB I I GOOD E Land Sh



H-635 50 8424

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 · 8424 · Registered No.

BII	RTH NO.						
1. (T)	NAME OF D	ECEASED				2. DATE. OF	
		Ph	ilip I	Frank Hartman		DEATH	9-30-50
Α,		City, Maryland	Balto		4. USUAL RESIDENCE (W	here deceased lived. I B. COUNTY	If institution: residence before admission)
	SPITAL OR	OF (If not in hospit	al or institut	ion, give strect address or location)	c. CITY OR TOWN (If o	outside cornorate lim	nits, write RURAL and give
IN:	STITUTION	122 0 3	/	C. A		butside corporate ini	township)
17	()	411 S. N	laderia		Balto, Md.	100	3.9
				Yrs. Mos.	D. STREET ADDRESS (If r	o / P A	
		tay in Baltimore	lii		411 S. Maderia	Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)					8. DATE OF BIRTH	9. AGE (in years last birthday)	Il Under 1 Year If Under 24 Hours Months: Daya Hours: Min.
	M	W ·	mai	rried	2-21-80	70	
10/	done during most	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
	aper ha		Balto	. News	Baltimor	re .	USA
	FATHER'S			20000	14. MOTHER'S MAIDEN NA		OUR
	Fran	nk Hartman			Davilden Name		
15.		ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	Pauline Norr		
(Yes,	no or unknown)	(If yee, give war or date	e of service)	SECURITY NO.	17. INFORMANT		ADDRESS
_	no	no			Mary Hartman	LIII S. Ma	Aderia Street
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						4.4.
U,		OF OPERATION		FINDINGS OF OPER	ATION	•	20. AUTOPSY7
A							YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.) 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? 21C. WHERE DID INJURY OCCUR? INJURY OCCUR? 21F. HOW DID INJURY OCCUR?							give exact location)
	22. I hereh	u certify that I att	ended the	deceased from De	19 40 to	elat 30 191	to, that I last saw the
				and that death occur	4. (92)		the date stated above.
1	234 81GNA		, 10.22.		38. ADDRESS	A V	23c. DATE SIGNED
+	1	So def	Story	WD 4	Als & Patterson	Ital Are	10/2/50
24 TIO	A. BURIAE, ON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMETE	THE RESERVE AND ADDRESS OF THE PARTY OF THE	OCATION (City, tow	n. or county) (State)
	Buris	D BY REGISTRAR	50	Meadowridge		timore	
	TE RECEIVE CAL REGIST	D BY REGISTRÁR	SSIGNATU	JRE S A C	25. FUNERAL DIRECTOR	2021.00	ADDRESS
-	0.605364	100 45 1	NA PARTY	A STATE OF THE STA	may flow 7	70 10	
1:	21950	The state of the s	Anna tel de anna	4101	(MC)		520

Camera Camera LEE .. ot.fatt / a .. January Statistics of the dent B. Wasterstones 19-3 The state of the s islio, leum Frank Harwells Mary Tart and 111 S. Undarin Silver tairefi Reservation of the second

<i>Q</i> B	23 BALTIMORE CITY HE CERTIFICAT	EALTH DEPARTMENT E OF DEATH	50 Registered No	
1. (T	NAME OF DECEASED Type or Print) ERNEST BRAYTON		2. DATE OF DEATH OCA	+ 3,1950
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W)	nere deceased lived. If in B. COUNTY	nstitution; residence before admission
H	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION	C. CITY OR TOWN (If o	utside corporate limits,	
6	UNIVERSITY HOSPITAL	DAATIAA BRE D. STREET ADDRESS (If re	141-0	township
6	Length of stay in Baltimore LIFF T/ME Mos. Mos. Days	16/6 ANHDIS		
	SEX 6. COLOR OR RACE 7. SINGLE (MARRIED. WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years H l	ths Days Hours Min.
1 C	A. USUAL OCCUPATION (Give kind of a done during most of working life, eveo if retired) INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
13	TRUCK DRIVER INACHINE SHOP	INd.		
	Clasery Breatons	14. MOTHER'S MAIDEN NAI	Ite and	
15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates in service) (If yes, give war or dates in service)	17. INFORMANT	Bearta 16	DRESS LER
	18. 580X CAUSE	OF DEATH	1	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	RCOMA		2 1105.
	ANTECEDENT CAUSES	SACUTE HEPA	1	
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		97773	
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	4 		
AL	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ACUTE HEPATIT	7 (3	20. AUTOPSY?
(EDIC)	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., t	n nr 21c. WHERE DID (If	in Baltimore City, gi	
2	SID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY WHILE AT WORK NOT WHILE AT WORK AT WORK		OCCUR?	
	22. I hereby certify that I attended the deceased from Z.	10-2 , 19 50 to 10:3	FORM 10. 2, 19 5	that I last saw th

deceased alive on 10-2, 1950, and that death occurred at 10.30 Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 238. ADDRESS

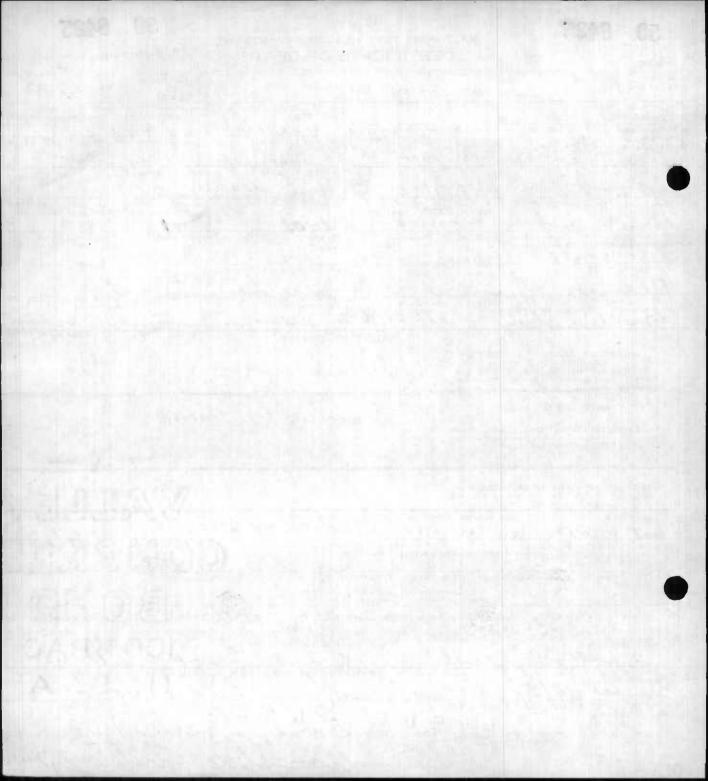
DATE RECEIVED BY LOCAL REGISTRAR UNERAL DIRECTOR

ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

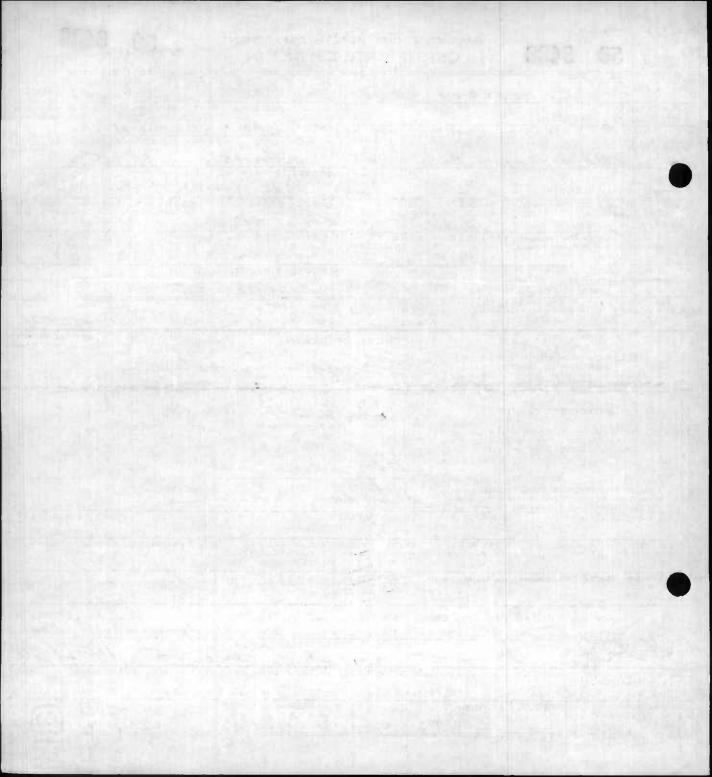
24B. DATE

VS 150 CT - 21050



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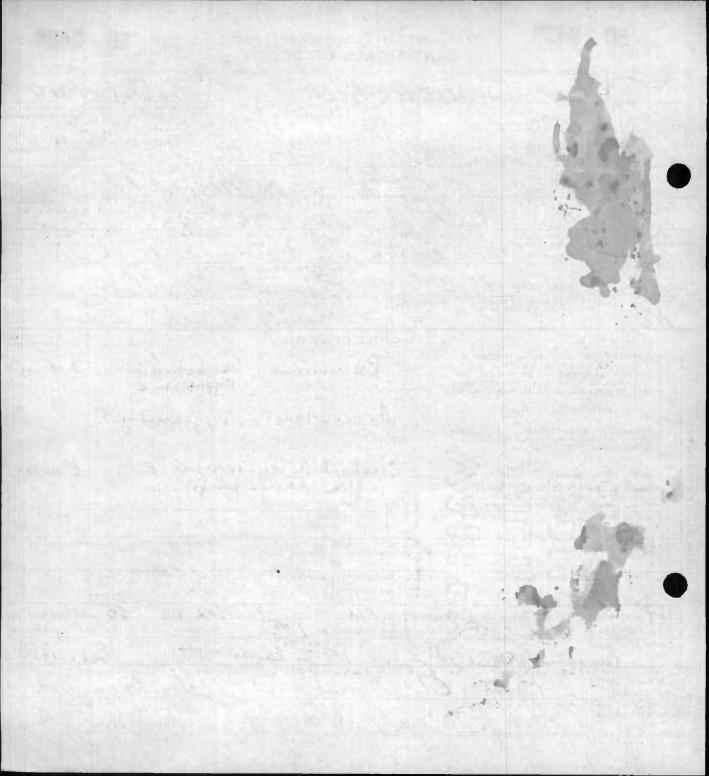
BII	RTH NO.	50	26	50	CERTIFICAT	E OF DEATH	Regi	stered No	To Represent
1.	NAME OF	DECEAS	ED				2. DATE		
(T)	pe or Print	.)	HE	STER	VIRGINIA BEN	PNGEN	OF	OCTOBE	R 1, 1950
	PLACE OF Baltimore					4. USUAL RESIDENCE		l lived. If insti	
HC	SPITAL OF	R	(If not in hospit	sl or institut	tion, give street address or location			IMORE (nte RURAL and give
1	1		WASHIN	GTON	BLYD.	BALTIMORE	- 2	7-15	township)
					Yrs.	D. STREET ADDRESS	If rural, give loc	ation)	
C.	Length of	stav in	Baltimore		6 Mos.	5526 MA	TTELD	AVE.	
-	SEX		LOR OR RACE	7. SINGL	F. MARRIED	8 DATE OF BIRTH	19 AGE Un	Venral If linder	1 Year If Under 24 Hours
-	EMALE	u/	HITE		VED, DIVORCED (Specify	MAY 27, 1896	last birth	nday) Months	Days Hours Min.
			ION (Give kind of	108 KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country	, 112	CITIZEN OF
work	done during me	et of working	glife, even if retired)		INDUSTRY		toreign country	12	WHAT COUNTRY?
		NONE		N	ONE	MARYLAND			U.S.A.
13.	FATHER'S	NAME				14. MOTHER'S MAIDEN	NAME		
		101	4N REDU	ING		ELEANOR.	LUCA BAL	IGH	
15 (Yes	WAS DECE.	ASED EVER	IN U.S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDR	ESS
(= 0	No				NONE	MRS. HENRY B	ERNGEN	WESTM	INSTER, MD.
ERTIFICATION	(This dheart fe injury DISEA: RISE TO UNDER	DESCRIPTION OF THE ABOUT OF THE	CONDITION OING TO DEA: Cean the mode of tenia, etc. It mea tention which of CEDENT CAUSE CONDITIONS, I DOVE CAUSE (A) CONDITION LA II ICANT CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION	TH of dying, e. ns the disease eaused death SES F ANY, GIVI STATING T STATING T ONT RELAT	Se, (A) CON (B) DUE TO (B) NG HE DUE TO	ean	bolis		ONSET AND DEATH
AL C					FINDINGS OF OPE	RATION			20. AUTOPSY?
MEDICAL	21a. ACCI HOMICID	E (Spe	cify)	about home,	ACE OF INJURY (e. g., farm, factory, etreet, office bldg.,	etc.) INJURY OCCUR?		re City, give	exsct location)
L	F INJUR) (Day) (Year)	m.	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?		
	22. I her	eby cert	ify that I att	ended the	deceased from	, 19, to		, 19, th	at I last saw the
	decqueed	alive on	1	, 1/2	and that death occu	rred atm., from	the causes a	nd on the d	ate stated above.
4		TO THE	1000	te		238. ADDRESS / Pac	ce si	- 6	2/50
24	A. BURIAL	CREMA-	248. DATE		24c. NAME OF CEMET	ERY OR CREMATORY 24D.	LOCATION (C	ity, town, or e	ounty) (State)
110	BURIAL		Oct. 4.	1950	STILTZ CEM	ETERY YO	RK COUNT	Y, PEN	VNA.
	TE RECEI	VED BY	REGISTRAR			25. FUNERAL DIRECTOR			DRESS
LC	CAL REGI	STRAR			Will was Min	J. FRANCIS P	EESE V	VESTMI.	NSTER, MD.



10	-20	0					8427
	IRTH NO.	6 842.7	BA		EALTH DEPARTMENT	Registered No	¥127
=	NAME OF C			ED.		2. DATE OF G - 3.	150
	. PLACE OF D	EATH:	VERN	F. DIGO	4. USUAL RESIDENCE	DEATH /	stitution: residence
10000000	FULL NAME	City, Maryland OF (If not in hosp	oital or institu	ution, give street address or	A. STATE	B. COUNTY	before admission)
	OSPITAL OR			location		f outside corporate limits,	write RURAL and give
1	COLON	UAL NURS	INGHO	ome Yrs.	D. STREET ADDRESS (III		O township)
6	ength of s	tay in Baltimore		Mos. Days	740 DIGHT	ST.	
5	SEX	6. COLOR OF RAC		E. MARRIED. WED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years II Us	der I Year If Under 24 Hours hs: Days Hours: Min.
1	PA USUAL OC	White CUPATION (Give kind	MA	PRRIED	MAY 18, 1879	71	
WOI	done during most	of working life, even if retire	d) (BA)	OF BUSINESS OR	11/100	toreign country)	2. CITIZEN OF WHAT COUNTRY:
11	CECIEVING FATHER'S	NAME	1 Olly	PING	14. MOTHER'S MAIDEN N	IAME	O'OH.
-	UN	KNOWN			UNKNOU	IN	
(Y	o, was deceasion, no or unknown)	ED EVER IN U.S. ARM (If yos, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	Beulah DIGGS	1 T 1//	PRESS
	18. 4	143X			OF DEATH	9	INTERVAL BETWEEN
		E OR CONDITION LEADING TO DE	ATH	1. V.	all lines	- 40.1	1: 1 /
	heart failu	not mean the mode ire, asthenia, etc. It m complication which	eans the disea	ise.	- comoning	- Ch senger	gracycy (may
	ANTECEDENT CAUSES # # # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						2
No.	DISEASES	S OR CONDITIONS,	IF ANY, GIVI	ING (B) Nyper	answ ortenosele	who CVD	
ATI	RISE TO T	THE ABOVE CAUSE (A) STATING T	THE DUE TO			
RTIFICATION				(C)			
I L		II IGNIFICANT CONI TO THE GEATH, BU			1.4 M 10-4		
CE	TO THE D	ISEASE OR CONDITIO	N CAUSING	ІТ.	ibles Millia	is	
AL	I ISA. DATE C	OF OPERATION	19B. MAJOI	R FINDINGS OF OPER	RATION		YES NO Y
IEDICA	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i , farm, factory, street, office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, giv	
Σ	O ID. TIME	(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK	ĢI,		
		y certify that I a	ttended the	e deceased from 8	125/50 19 to		that I last saw the
	deceased at	10001		and that death occur	rred at 1 a, m., from t	the causes and on the	date stated above. 23c. PATE SIGNED
	Herle	A. Ker	rchas	Mr Bi [3305 East &	rue	10/2/50
	ON REMOVAL (S	pec(fy)	- 5	24C. NAME OF CEMETE	1 11	OCATION (City, town, or	county) (State)
D	ATE RECEIVE	10 - 3 D BY REGISTRAI		Cedar N	25. FUNERAL DIRECTOR	NAPOLIS ISIV	DDRESS
1	JC 1 1231	350 Hunt	trator	Villantes, Miss	John F Den	NY, INC, 715	-LIGHT St.
	VS 150	6.44	9	المراجعة المراجعة			61
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	50 BA	ALTIMORE CITY HEAL	TH DEPARTMENT	50	5400
BI	RTH NO.	CERTIFICATE	OF DEATH	Registered No.	
	NAME OF DECEASED ype or Print) Charles Sci	hroeder Ri	ch I	OF DEATH OCT	11950
A.	PLACE OF DEATH: Baltimore City, Maryland	Α.	. USUAL RESIDENCE (Whe		before admission)
HC	OSPITAL OR	ution, give street address or location) C.	CITY OF TOWN (If our	side corporate limits, wr	ite RUKAL and give
0	0 3605 Stephon	d Rd	Daltin	core	township)
	Length of stay in Baltimore	NO Mos.	STREET ADDRESS IS run	al, give location)	
	SEX 6. COLOR, OR RACE 7. SING	LE, MARRIED. 8. WED, DIVORCED (Specify)	DATE OF BIRTH	AGE (In years H Under last birthday) Months	
	11 11 11.	idower V	une41867	93	Days Hours Min.
work	done during most of working life, even if retired	To D INDUSTRY	BIRTHPLACE (State or forei	Country) 12	CITIZEN OF
13	FATHER'S MAME		MOTHER'S MAIDEN NAM	F	13 A.
6	Erthur John 1	1ch	Fammel	milles.	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no gr with nown) (11 yes, give war or dates of service)	16. SOCIAL 17 SECURITY NO.	7. INFORMANT) / ADDR	ESS
	NOL	K	Zmily K. M.	1ch Si	ume-
	18. 334X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e		moria Teron	edia a	2 days.
	heart failure, asthenia, etc. It means the disc injury or complication which caused des	ease,	4461	Mali'e	
z	ANTECEDENT CAUSES	Gales	inteles and	Que can lan al	
	DISEASES OR CONDITIONS, IF ANY, GIV			7	
CATIO	UNDERLYING CONDITION LAST.				
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FI	11	(c) Cerebra	e arterioler	mis E	6 mos.
ERTI		on. Jeller	la deservater	mis E	6 mos.
CERTI	II OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	DN. reflet	heni ply	ıa	6 Wos.
CERTI	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION (19B, MAJO)	TON- ATED STIT. OR FINDINGS OF OPERATI	herri ply	ia	20. AUTOPSY?
EDICAL CERTI	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO	ATED Fight	herri ply	ıa	20. AUTOPSY?
CERTI	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE DR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. P about bom	DR FINDINGS OF OPERATION OF COMMENTS OF THE PROPERTY OF THE PR	ION 21c. WHERE DID (If i	n Baltimore City, give	20. AUTOPSY?
EDICAL CERTI	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. P shout hom	DN. ATED B IT. DR FINDINGS OF OPERATI LACE OF INJURY (e. g., in or 10, farm, factory, atreet, office bidg., etc.)	ION 21c. WHERE DID (If i	n Baltimore City, give	20. AUTOPSY?
EDICAL CERTI	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE DR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. Peabout hom 19 INJURY m. 22. I hereby certify that I attended the	LACE OF INJURY (e. g., in or in, factory, atreet, office bldg., etc.) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	21c. WHERE DID (If i INJURY OCCUR? 21f. HOW DID INJURY C	n Baltimore City, give	20. AUTOPSY? YES ND NO exact location)
EDICAL CERTI	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. Pabout hom 19. TIME (Month) (Day) (Year) (Hour) 19. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended to deccased alive on 19.50	LACE OF INJURY (e. g., in or in, factory, street, office bldg., etc.) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 12 deceased from Reserved and that death occurred	21c. WHERE DID (If i INJURY OCCUR? 21f. HOW DID INJURY C	n Baltimore City, give	20. AUTOPSY? YES ND NO exact location)
MEDICAL CERTI	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. P. about hom 19. TIME (Month) (Day) (Year) (Hour) 19. Time (Month) (Month) (Day) (Year) (Hour) 19. Time (Month) (Mont	LACE OF INJURY (e.g., in or in, factory, street, office bldg., etc.) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK The deceased from Res. and that death occurred M. D. 121E. M. D. 1221E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 1221E. AT WORK 1221E. M. D.	21c. WHERE DID (If i INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 1976 to Cedat 7 7 m., from the ADDRESS	n Baltimore City, give	20. AUTOPSY? YES ND ND exact location) at 1 last saw the ate stated above. 3c. DATE SIGNED
MEDICAL CERTI	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. Pabout hom 19. TIME (Month) (Day) (Year) (Hour) 19. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended to deccased alive on 19.50	LACE OF INJURY (e. g., in or ac, farm, factory, street, office bldg, etc.) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK The deceased from Res and that death occurred 23E. 23E.	21c. WHERE DID (If i INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 1976 to Cedat 7 7 m., from the ADDRESS	n Baltimore City, give	20. AUTOPSY? YES ND ND exact location) at 1 last saw the ate stated above. 3c. DATE SIGNED
MEDICAL CERTI	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. P shout hom 19 m. 22. I hereby certify that I attended the deceased alive on 22 m. 1950 23A. SIGNATURE 4A. BURIAL, CREMA 24B DATE 1950 ATE RECEIVED BY REGISTRAR'S SIGNATORS	LACE OF INJURY (e. g., in or be, farm, factory, atreet, office bidg., etc.) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK Le deceased from PCL and that death occurred M. D. 24C. LAME OF CEMETERY	21c. WHERE DID (If i INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 1976 to Cedat 7 7 m., from the ADDRESS	n Baltimore City, give	20. AUTOPSY? YES ND ND exact location) at 1 last saw the ate stated above. 3c. DATE SIGNED
MEDICAL CERTI	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE DR CONDITION CAUSING 19A, DATE OF OPERATION 19B, MAJO 21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B, Pabout hom 19B, MAJO 21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B, Pabout hom 19B, MAJO 21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B, Pabout hom 19B, MAJO 21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B, Pabout homicide (Specify) 22B, Pabout homicide (Specify) 22B, Pabout homicide (Specify) 23A, SIGNATURE 24B, DATE 21A, ACCIDENT, SUICIDE, HOMICIDE (Month) (Specify) 22B, Pabout homicide (Speci	LACE OF INJURY (e. g., in or be, farm, factory, atreet, office bidg., etc.) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK Le deceased from PCL and that death occurred M. D. 24C. LAME OF CEMETERY	21c. WHERE DID (If i INJURY OCCUR? 21f. HOW DID INJURY CO. 19 to Co. 19 to Co. 19 to Co. 19 to Co. 2 to Co. 4	n Baltimore City, give	20. AUTOPSY? YES ND ND exact location) at 1 last saw the ate stated above. 3c. DATE SIGNED
MEDICAL CERTI	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE DR CONDITION CAUSING 19A, DATE OF OPERATION 19B, MAJO 21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B, Pabout hom 19B, MAJO 21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B, Pabout hom 19B, MAJO 21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B, Pabout hom 19B, MAJO 21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B, Pabout homicide (Specify) 22B, Pabout homicide (Specify) 22B, Pabout homicide (Specify) 23A, SIGNATURE 24B, DATE 24B, D	LACE OF INJURY (e. g., in or be, farm, factory, atreet, office bidg., etc.) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK Le deceased from PCL and that death occurred M. D. 24C. LAME OF CEMETERY	21c. WHERE DID (If i INJURY OCCUR? 21f. HOW DID INJURY CO. 19 to Co. 19 to Co. 19 to Co. 19 to Co. 2 to Co. 4	n Baltimore City, give	20. AUTOPSY? YES ND ND exact location) at 1 last saw the ate stated above. 3c. DATE SIGNED



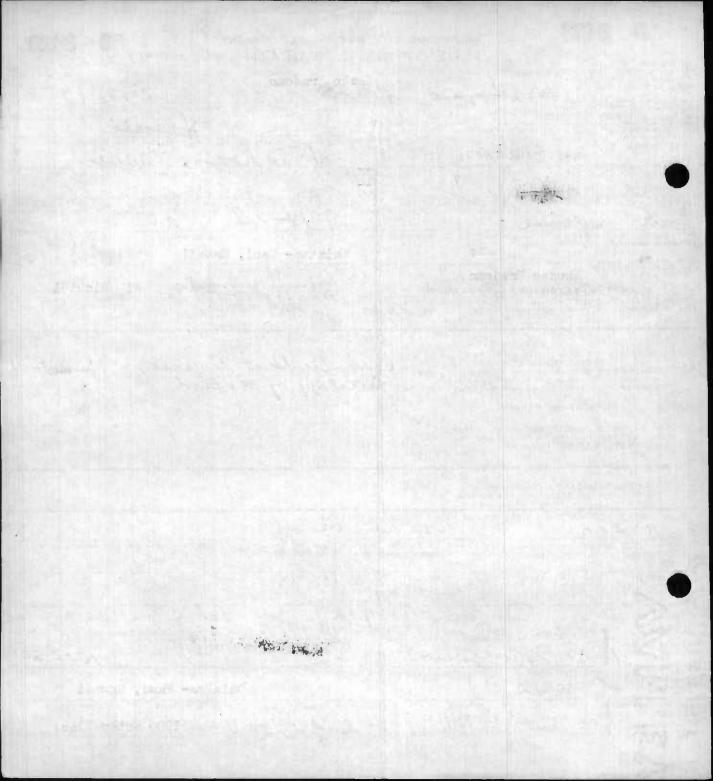
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

В	IRTH NO.		CE	RTIFICAT	E OF DEAT	H Register	ed No	
	NAME OF D	ECEASED US	dina	Ye	eko Uradomo	2. DATE OF DEATH	\$ 2. 1950	
Α.		City, Maryland		10	A. STATE	ENCE (Where deceased live	Y before admission)	
H	FULL NAME OSPITAL OR ISTITUTION		al or institution, g	ive street address o location		(If outside corporate	limits, write RURAL and give	
3	2	INTERNATION CHANG	2 MADELIEF	Yrs.	Wara	Soa, yn	auc	
_		tay in Baltimore	7	Mos Days			V-49	
5	male	apanel	7. SINOLE, MA WIDOWED, D	RRIED. DIVORCED (Specify	8. DATE OF BIRTH		rs Under Year Under 24 Hours Months Days Hours Min.	
V1C	A. USUAL OC	CUPATION (Give kind of prorking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTR		State or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S	NAME Charge T	3 /		14. MOTHER'S MA		14.8.4.	
	ale ale ale ale ale	Shunzo U	Market Ma	ach:			Ai Nishidi	
15 (Ye	. WAS DECEAS	ED EVER IN MS. ARMEI (If yes, give war or date	OFCRCES? 16.	SOCIAL SECURITY NO.	17. INFORMANTS	2,000	ADDRESS	
	18.	75410.		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	E OR CONDITION	DIRECTLY	0	4-1/	4 n	ONSET AND DEATH	
		not mean the mode ore, asthenia, etc. It mea	f dying, e.g.,	(A) Con	fulal / La	t Visease,	Ince Puth	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) LEADING TO DEATH (A) Congulate / Least Disease, DUE TO Detailogy of A allot:							
_	ANTECEDENT CAUSES							
HOL	DISEASES	OR CONDITIONS, IN			***************************************	***************************************		
< 1		ING CONDITION LA		DUE TO				
FIC				(0)	***************************************			
CERTIFIC	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED					
,	19A. DATE C	F OPERATION 1	9B. MAJOR FINE			1	20. AUTOPSY?	
CA	10-2	50	215 51 455 0	OF INJURY (e. g.,	eve.	ID (Id In D III)	YES NO	
MEDICAL	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ctory, street, office bldg.			ity, give exact location)	
K	INJURY	Month) (Day) (Year)	(Hour) 21E. I WHILE WORK			INJURY OCCUR?		
	22. I hereb	y certify that I att		-	/27 ,195	to 10/2 1	19 5, that I last saw the	
	deceased al	ive on 10/2	, 1910 and t	hat death occu			on the date stated above.	
	23A. SIGNAT	TURE OF SA	lonon		238. ANTIS LUYKI	ns Buspita;	23C. DATE SIGNED	
TI	A. BURIAL, (S ON, REMOVAL (S Urial	248. DATE pecify) 10/6/50	24c. N	NAME OF CEMET	ERY OR CREMATORY	24D. LOCATION (City, to Waiakoa - Maui		
	ATE RECEIVE		S SIGNATURE	O:	25. FUNERAL DIR		ADDRESS	
	OCT - 31	- year on a suprement of the	eter Mi	wee him	Emilo. Milo	hell on 1900 1	Eutaw Place	
	VS 150	The state of the s	4 -		- 0		1	

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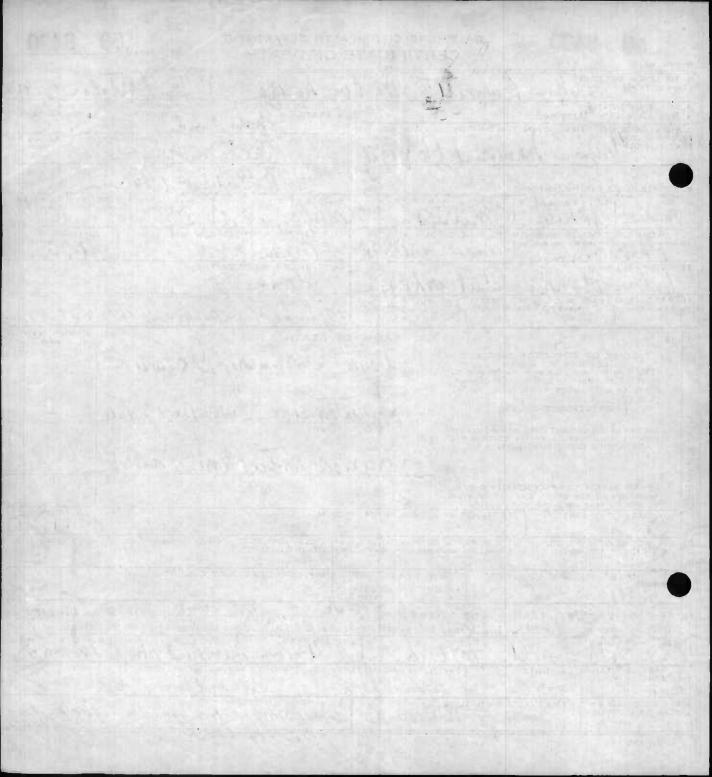


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence BCOUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in bespital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN Olf outside corporate limits, write RURAL and give INSTITUTION township ele/mor D. STREET ADDRESS (If rural, give looklyon) 35 Yrs. Mos. c. Length of stay in Baltimore Days 5/SEX 6. COLOR OR RACE 7 SINGLE, MARRIED AGE (In years | if Under | Year | if Under 24 Hours | last birthdsy) | Months: Days | Hours: Min. W DOWED, DIVORCED (Specify) 10A. USCAL OCCUPATION (Give kind of work done during most of working life, even if retired)

13. FATHER'S NAME 108, KIND OF BUSINESS OR 11. BU HPLACE (State or foreign country) 12. CITIZEN OF Internal Medicine 14. MOTHER'S MAIDEN NAME 15. VAS DECEASED EVER IN U.S. VRMED FORCES?
(Yes no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. Mrs. Sue H. Culverhouse-1901 Eutow Place CAUSE OF DEATH 18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 20 lesolo Hear 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, about home, form, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 10-1 195 9 to . 19 Pthat I last saw the 22. I hereby certify that I attended the deceased from. . 19 D, and that death occurred atle: 46 m., from the causes and on the date stated above. deceased alive on___ 23c. DATE SIGNED 23A. SIGNATURE 24D. LOCATION (City, town, or county) 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B, DATE 10-4-50 Woodlawn, Md. Woodlawn Burial 25. SUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE hell & Sons, Inc- 1900 Eutaw LOCAL REGISTRAR buttu o lor - 「一」は「一」で「一」「「一」「「一」「「一」「一」

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No...

ВІ	RTH NO.			CERTIFIC	AII	E OF DEATE	ml .	2008.5000			
1.	NAME OF D	DECEASED		DAVID TELLIA				2. DATE			
(1	ype or Frint)		Jesse	F.Stem				DEATH O	ct 2	1950	
3.	PLACE OF D	DEATH:	100000000000000000000000000000000000000			4. USUAL RESIDE	ENCE (W		d. If inst	itution : residence	
	FULL NAME	City, Maryland 6	OUL FE	tion, give street addr	2000 07		arvl		T	before admis	sion)
H	OSPITAL OR	OF (II not in neapit	ai or matreu		ation)	C. CITY OR TOWN		outside corporate	limits. w	rite RURAL and	lgive
IN	ISTITUTION										ship)
-					Yrs.	D. STREET ADDRE		timore	-)		
					Mos.				5 7	-162	
-		stay in Baltimore			Days	6001 Fa.			60		
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (S	Specify)	8. DATE OF BIRTH		9. AGE (In year last birthday		1 Year Il Under 24	
	Male	White		dower		Sept 29 18	869	81			
10	A. USUAL OC	CUPATION (Give kind of	108. KINI	O OF BUSINESS	OR	11. BIRTHPLACE (S	State or fo	reign country)	12.	CITIZEN OF	
WOL		of working life, even if retired)		er Mach.Sl		Carrol	7 Co	Md		WHAT COUN	TRY
13	. FATHER'S		AATTIIL	et. Macir. Di	пор	14. MOTHER'S MAI					-
-	WAS SESSION	Jesse E.S				Rebecc	a Sc	nuster			
	s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date		16. SOCIAL SECURITY	NO.	17. INFORMANT	- 20		ADDF		
				214-22-1		Jesse E.S	tem	6001 Fal	ls R	oad	
	18. 4	120.1		CAL	ISE	OF DEATH				INTERVAL BET	
	1	2011						ml.		DNSET AND D	EATH
		SE OR CONDITION LEADING TO DEA	TH			Moura	1 1 1 11	11/10 and	Luis	11111	111
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									N.	
		complication which			/		U			1	
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) OCOLUMN OUE TD OUE TD										
Z	ANTECEDENT CAUSES (B) MUNICIPUL CVD										
0	DISEASE	S OR CONDITIONS, I	F ANY, GIVI	NG.							
ERTIFICATION	UNDERL	THE ABOVE CAUSE (A)	STATING T	HE DOE 10							
0											
쁜	M. OTTO	н		(C)			. 6				
2		SIGNIFICANT COND									
H		G TD THE DEATH, BUT DISEASE DR CONDITION									
1	19A. DATE	OF OPERATION 1	9B. MAJOF	FINDINGS OF	OPER	ATION				20. AUTOPS	Y?
CAL		0								YES NO	5 L
5	21A. ACCID	ENT, SUICIDE, (Specify)		ACE OF INJURY farm, factory, street, offic				If in Baltimore C	ity, give	exact location)	
EDI	HOMICIDE	(Specify)	about nome,	, tarm, tactory, atreet, ome	e mak-,	INJURY OCCU	K I				
Σ	10. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCC	CURR	ED 21F, HOW DID	INJURY	Y OCCUR?			
	F INJURY	(, (,			WHILE						
			m.	WORK AT	WORK						
	22. I herel	by eertify that I att	ended the	deceased from_	-					hat I last sar	
	deceased a	44 1	. 1950.	and that death	oeeur	rred at 10 : 30 Am.,	, from t	he eauses and	on the c	date stated at	bove
	23A. SIGNA	TURE	1	10		3B. ADDRESS	2	link		3c. DATE SIG	
	Zai	mund of	Luna	MI M.	0.	1711	da	WILL	/	10,5-1	0
2.	BURIAL.	CREMA- 248. DATE		24c. NAME OF CE	METE	RY OR CREMATORY	24D. L	OCATION (City,	town, of	county) (Si	tate)
TI	on, REMOVAL (Buria		1950	St.John	8 0	emeterv	We	stminist	er M	d	
-	ATE RECEIVE				2 0	25 FUNERAL DIR	-	1		DDRESS	
L	OCAL REGIS	TRAB		Williams	18 3	Value 177	5.00	VA204 D4			
	001-3	19501 1 1		1 14 4 4 4 4 4 4 1 1 1 1	1	Mary I Min	nacos	ACOA KI	aRew	ood Ave	
	VS 150	1. Die Ale	10	Sale Fill and Minds	*1.7	1/			6	725	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

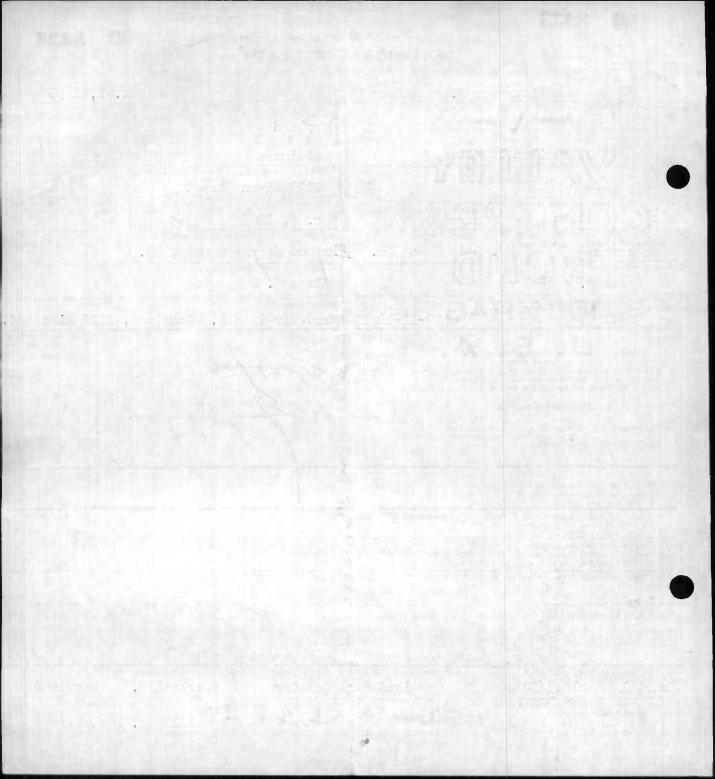
В	IRTH NO.		CI	RIFICAL	E OF DEATH	registered	140
	NAME OF DE	Bessie (3. am	0		2. DATE OF DEATH OCK	1st 1950
A.	. PLACE OF DI Baltimore C	lity, Maryland 15	26. n Was	hington s	4. USUAL RESIDENCE A. STATE		f institution : residence before admission)
H	OSPITAL OR NSTITUTION		aror mstruction,	location)	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give township)
7		•	Ø·1	Yrs. Mos.	D. STREET ADDRESS (lf rural, give location)	
5	ength of st	6. COLOR OR RACE		Days ★RRIED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	H Under I Year If Under 24 Hours
4	A. USUAL OC	White CUPATION (Give kind of	10B. KIND OF	BUSINESS OR	Oug 13 1876	74	onths Days Hours Min.
	3. FATHER'S N	f wurking life, even if retired)		INDUSTRY	md.	SEALS.	WHAT COUNTRY?
1	menl	Birch.			14. MOTHER'S MAIDEN	NAME	
A.	. WAS DE EASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16 s of service)	SECURITY NO.	17. INFORMANT		ADDRESS At
	18. 4	43 X ,		CAUSE	OF DEATH	on 1526 h.J	INTERVAL PITWEEN DISET AND DEATH
	(This does	E OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mes	TH of dying, e.g.,	J(A)	expired frommy	γ	2 days
	injury or	complication which	caused death.)	DUE TD			
NO	DISEASES	OR CONDITIONS, I	F ANY, GIVING	1	Interna Contollus	ulas Procum	242 (appy)
CATION	UNDERLY	TE ABOVE CAUSE (A) ING CONDITION LA	STATING THE	(C)			
RTIF		II GNIFICANT COND					
CE	TO THE DI	TO THE DEATH, BUT SEASE OR CONDITION	CAUSING IT.	NDINGS OF OPER	ATION		20. AUTOPSY7
EDICAL	21A ACCIDI	ENT WAS UNDER-		OF INJURY (e.g., in		(If in Baltimore City,	YES NO
MED	LYING OR	CONTRIBUTING DEATH	about hume, farm,	actory, street, office bldg., e	tc.) INJURY OCCUR?		· · · · · · · · · · · · · · · · · · ·
	F INJURY	Month) (Day) (Year)	m. 21E.		ULNI DID WOH .11S	RY OCCUR?	
	22. I hereby		tended the dec		red at 3 m. from	10 Sypt , 19_	50, that I last saw the
	23A. SIGNAT		_, 19_ 3 ana	80000000000	3B. ADDRESS	the Causes and on	23c. DATE SIGNED
2.	4A. BURIAL, CON BEHOVAL (S)	HEMA- 248 DATE	240	NAME OF CEMETE		LOCATION (City, town	
	ATE RECEIVED		S SIGNATURE	rud VI	25. RONERAL DIRECTOR	chesnull	ADDRESS
C	T - 3 1950) Hundra	after I VALL	ALLES IN THE CO	tes. 13. 6 och 17	11-63h Patter	son Park au
		o a February		The same of the sa			^

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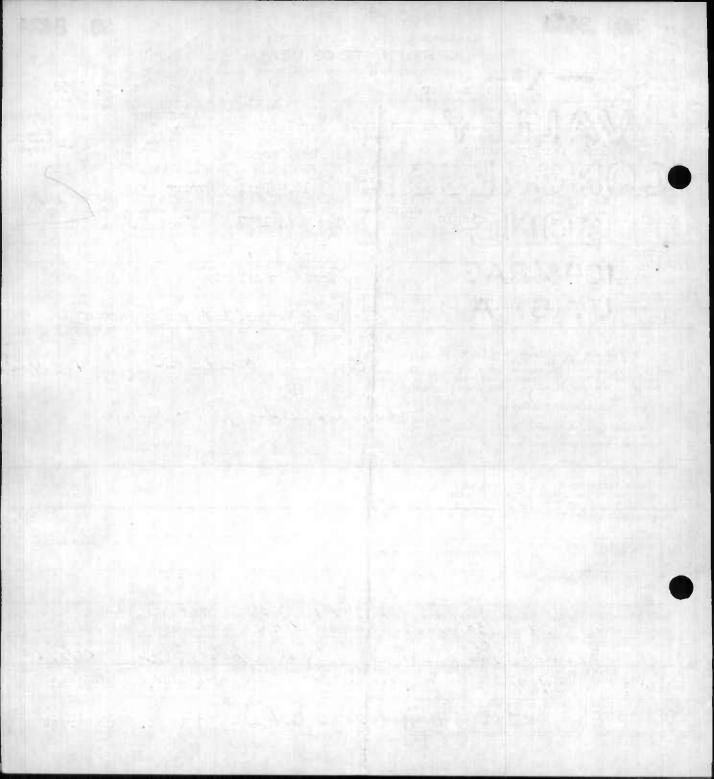
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CERTIFICATE OF DEATH Registered No. BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE.
3. PLACE OF DEATH: A. Baltimore City, Maryland	DEATH UCC. 29 1990 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of location INSTITUTION 2123 Aiken Street	
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify married	8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year II Under 24 House
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work dooeduring most of worklog life, eveo if retired) Md. Bolt & Nut Co.	11 BIRTHPI ACE (State or foreign country) 12 CITIZEN OF
James F. Nicholson	14. MOTHER'S MAIDEN NAME Alice M. Musgrove
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, so or uoknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 213-10-1821	17. INFORMANT ADDRESS Mrs. Virginia L. Nicholson, 2123 Aiken St
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	of DEATH Rulmmale Interval Between onset and Death
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	our Gulmany Emplysma?
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg	
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! WHILE AT NOT WHILL AT WORK	
deccased alive on 1, 1950 and that death occur	urred at 6: 10Am., from the causes and on the date stated above.
	238. ADDRESS, 23C DATE SIGNED
24a. BURIAL, CREMA- TION_REMOVAL (Specify) 10/5/50 24c. NAME OF CEMET DUTIAL Moreland Pa	rk Cemetery Parkville, Maryland
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Non-Cook, Re 1217 St. Paul Street
vs 150 690	3D 95c



Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Oct. 2, 1950 Gertrude Reather DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1629 Darley Avenue township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos Length of stay in Baltimore 1629 Darlev Avenue Days 9. AGE (In years | If Under | Year | If Under 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) female single Dec. 24, 1877 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie McCafferty Charles F. Reather 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT ADDRESS SECURITY NO Sarah Harper, 1629 Darley Avenue no INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY aspenselestic Heart Drawie LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE 1950 to Oct 2, 1950 that I last saw the 22. I hereby certify that I attended the deceased from OCF deceased alive on Oct 1 1950, and that death occurred at 5.15 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) burial 24B. DATE 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Baltimore. Maryland Mt. Olivet LONG REGISTRES REGISTRAR'S SIGNATURE I 25. FUNERAL DIRECTOR 1217 St. Paul Street



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE /C (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A STATE A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done day log most of working life, even if retired) INDUSTRY WHAT COUNTRY? hu Siciau 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, po or uoknowo) SECURITY NO. 150 18. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING abeter mellitur. RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

O. TIME (Month) (Day) (Year) (Hour) INJURY

19 50that I last saw the /varda 1950 to 22. I hereby certify that I attended the deceased from. deccased alive on 3019 50, and that death occurred at 2 A.m., from the causes and on the date stated above.

23B. ADDRESS 23c. DATE SIGNED

23A. SIGNATURE

Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE! LOCAL REGISTRAR

arkwood 25. FUNERAL DIRECTOR

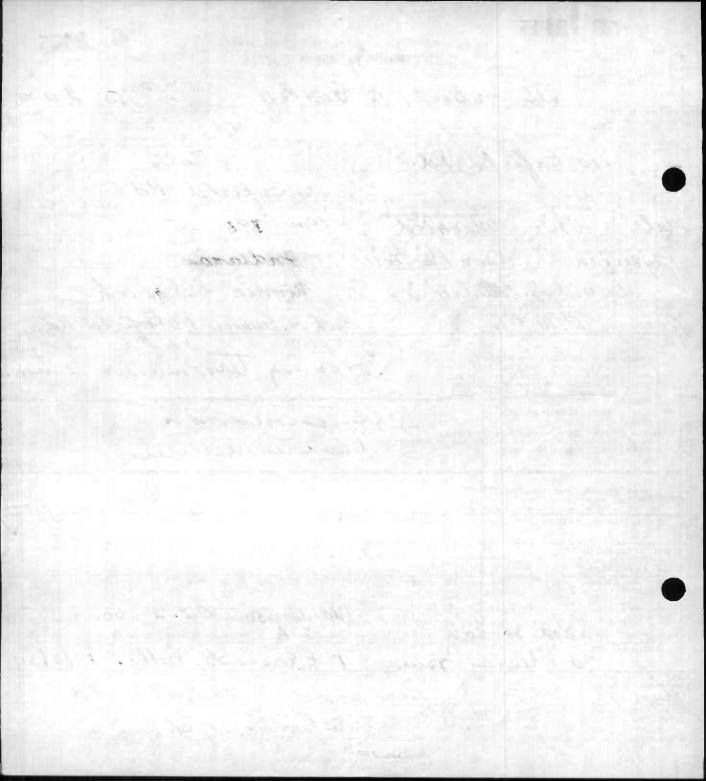
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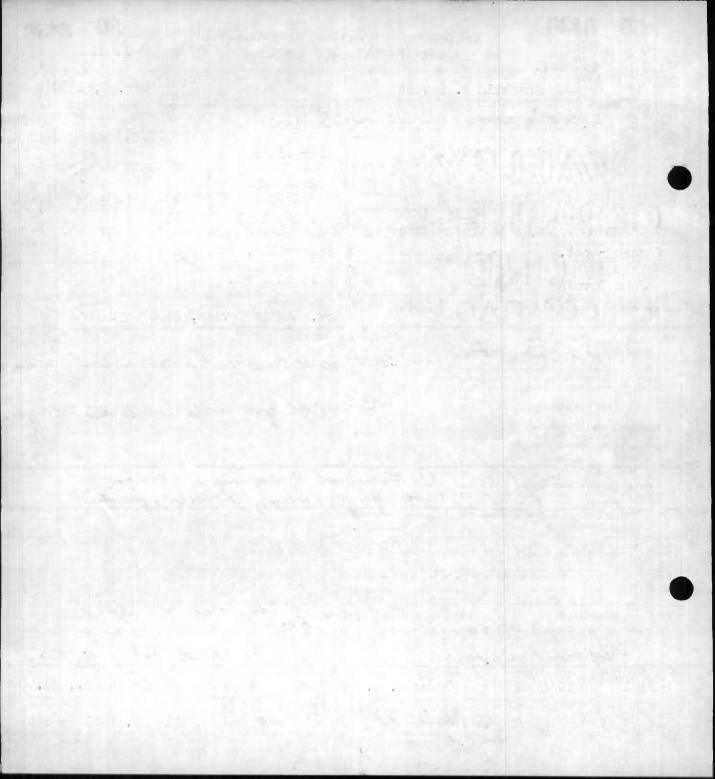


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DIZ BIRTH NO.	0	DA	CERTIFICAT	E OF DEAT	H Register	ed No.
1. NAME OF D (Type or Print)		klin E	. Deveas		2. DATE OF DEATH	et. 1, 1950
3. PLACE OF D A. Baltimore (City, Maryland	al or institut	tion, give street address or	A. STATE	ENCE (Where deceased live	ed. If institution: residence Y before admission
HOSPITAL OR INSTITUTION	6028 Old H		location)	c. CITY OR TOWN	3	limits, write RURAL and give township
Cength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	Ess (If rural, give location Road	n)
5. SEX	white	MIDON	E. MARRIED. VED, DIVORCED (Specify) ried	Sept. 26, 18	last birthday	Months Days Hours Min.
work done during most	CUPATION (Give kind of of working life, even if retired) — rete		of Business or Industry Manager		State or foreign country) , Maryland	12. CITIZEN OF WHAT COUNTRY
	Deveas			14. MOTHER'S MA Margaret		
15. WAS DECEAS (Yes, no or nnknown)	ED EVER IN U. S. ARMEE (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Maggie	Deveas, 2904 (ADDRESS Onyx Road
heart failu Injury or DISEASE RISE TO T	LEADING TO DEAT s not mean the mode of tre, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	f dying, e. ; ns the diseas aused death ES F ANY, GIVIT STATING TI	DUE TO (B)	***************************************	otic Huard	lisais 10gs
OTHER S TRIBUTING TO THE O 19A. DATE O 21A. ACCIE LYING O	DENT WAS UNDER-	NOT RELATI CAUSING 1 9B. MAJOR	ED Prostati	n or 21c. WHERE D		20. AUTOPSY7 YES NO V ity give exact location)
> - CA032 01	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID	INJURY OCCUR?	
deceased a	live on sys. 3	\$1950.	deceased from 2000 and that death occur	rred at 1 22 f.m. 38. ADDRESS 4808 4	from the causes and furford Re	
TION REMOVAL (S	10/4/50		Grace M. P. C	emetery	Shawan, Baltin	nore Co., Md.
LOCAL REGIST	1950 REGISTRAR	SSIGNAT	Villiams Ma	Itm. Cook	7	t. Paul Street

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BALTIMORE CITY HEALTH DEPARTMENT

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B	IRTH NO. CERTIFICATI	E OF DEATH Registered No.	
1	NAME OF DECEASED	2, DATE	
(7	Type or Print) FLORA B. WESTERKAM	OF	
	PLACE OF DEATH:	DEATHCEPT. 29. 1950	2
	Baltimore City, Maryland	A. STATE B. COUNTY before admiss	ion)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and	rivo
15	Pineridge Nursing Home	Baltimore 9-67 towns	
	Yrs.	D. STREET ADDRESS (If rural, give location)	
	Mos.		
C	Tength of stay in Baltimore Life Days SEX [6.COLOR OR RACE] 7. SINGLE, MARRIED,	1738 Montpelier Street	Hame
F	WDOWED, DIVORCED (Specify)	May 2, 1880	Ain.
	DA. USUAL OCCUPATION (Give kind of LOB. KIND OF BUSINESS OR LOB	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
WOS	k dooe during most of working life, even if retired) Housewife at home	Baltimore, Md. USA USA	RY
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_	Andrew Germack	Ida Hunter	
(Y	5. WAS DECEASED EVER IN U, S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Mr. Morris G. Westerkam ADDRESS	
-	no none	1738 Montpelier Street	
	1,200	OF DEATH ONSET AND DE	ATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- Humber 21	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	mary minuosis 2 da	43
	injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES	vary Thrombosis 2 das Sclerotic Cardio Jascular 29-July	
z	Gliffen	o Selevolie Cardes Jaseular 29- full	1
9	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	0.	
TIFICATION	UNDERLYING CONDITION LAST.	persease 1949	1
15	(0)		
Ē	OTHER SIGNIFICANT CONDITIONS CON-		
田田田	TRIBUTING TO THE DEATH, BUT NOT RELATED		
U	19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY	/ 2
1	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	YES NO	
NO.	21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., i		Line
IEDICA	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	otc.) INJURY OCCUR?	
3	Plo. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
	F INJURY WHILE AT NOT WHILE M. WORK AT WORK		
		July , 19490 24- Sept , 1954 that I last saw	. 42
	22. I hereby certify that I attended the deceased from	July , 19440 dy Sept, 1939 that I last saw	
}	deceased alive on 9- Sept, 1950 and that death occur	rred at 1 m., from the causes and on the date stated ab	
	Than Du Edu aida!	2741 The aloueda 2-pct-14	372
2	4A. BURIAL, CREMA- ON, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (Sta	ate)
H	burial 10/3/50 Baltimore	Semetery Baltimore, "d.	
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	HENRY BANTER & SONS INC. ADDRESS,	
-	OCAL REGISTRAR	BALTO. MID - 13 (Marie Alian	
	VS 150	The different	
11	VS 150	A - 5	

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Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) TRUMAN MARK JONES DEATH OCT. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Marvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4509 Woodlea Avenue township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 4509 Woodlea Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) June 9, 1884 M USA WHAT COUNTRY 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Baltimore, Md. Painter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Bertha Bischoff William Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 4509 Woodlea AVENTERS (Yes, no or unknown) (If yes, give war nr dates of service) SECURITY NO. Mrs Mary M. Jones none no INTERVAL BETWEEN 18. CAUSE OF DEATH 723.0 | DISEASE OR CONDITION DIRECTLY ONSET AND DEATH LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 1 195 that I last saw the Jan 1945 to CE 22. I hereby certify that I attended the deceased from 1. 195 , and that death occurred at 7, Rm., from the causes and on the date stated above. deceased alive on Clek 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS mulsuan. D. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eounty) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Baltimore, Md. Baltimore Cemeterv burial HENRY PANDER & SONS INC. ADDRESS

VS 150

DATE RECEIVED BY

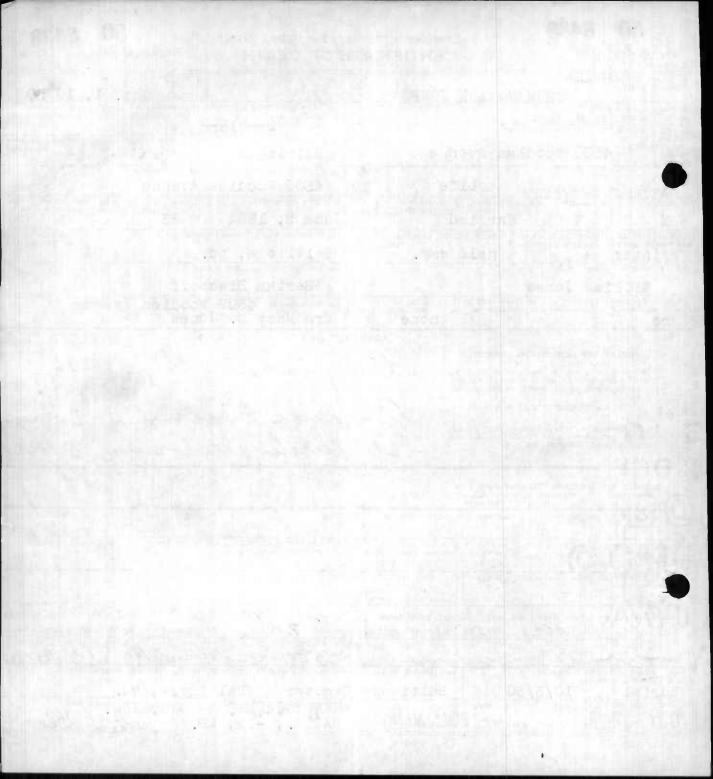
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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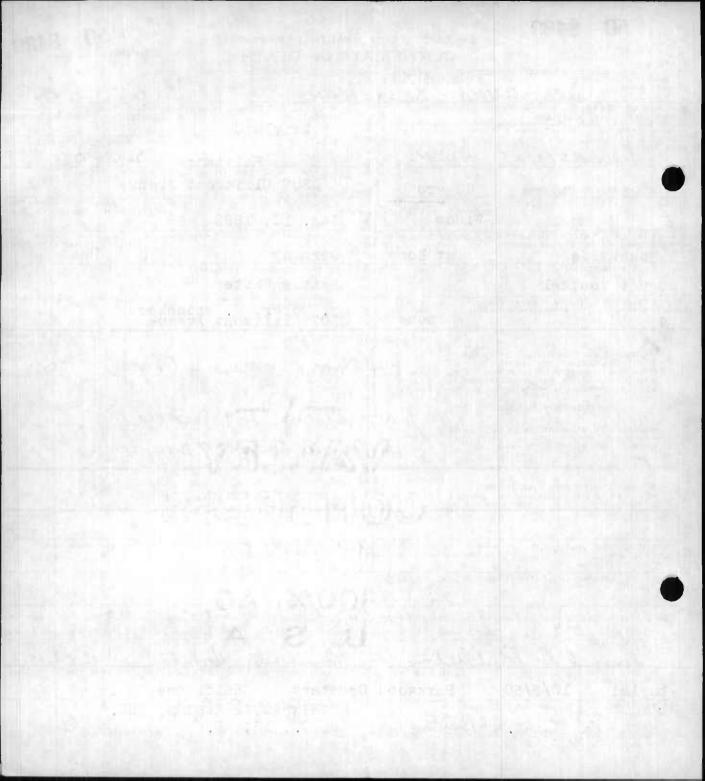
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3	6	2	2	-		
BIRTH	NO.					

egistered No.____

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF DECEASED	EMMA BROSEKER		2. DATE	
(Type or Print) MRS	EMMA BROSEL	TER	DEATH OCT.	2 1950
3. PLACE OF DEATH:		4. USUAL RESIDENCE (W	here deceased lived. If ins	
B. Baltimore City, Maryland B. FULL NAME OF (If not in hospi	tal or institution, give street address o	A. STATE Maryland	B. COUNTY	before admission)
HOSPITAL OR	location		outside corporate limits,	write RURAL and give
UNIVERSITY	HOSP.	Baltin		township)
	Yrs.	D. STREET ADDRESS (If r		4
e. Length of stay in Baltimore	62 yrs Mos. Days	3307 Cliftmo	nt Avenue	
5. SEX 6. COLOR OR RACE	7. SINGLE STARRIED	8. DATE OF BIRTH		der 1 Year If Under 24 Hours
# h/	WIDOWED, DIVORCED (Specify	Jan. 10, 1882	18 Birthday) Month	hs Days Hours Min.
OA. USUAL OCCUPATION (Give kind of	1 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12	2. CITIZEN OF
ork done during most of working life, even if retired. HOUSEWIFE	at home	Germany		USA COUNTRY?
I3. FATHER'S NAME	at Home	14. MOTHER'S MAIDEN NA	ME	OOR
August Voelkel		Hattie White	IVI L	\/
15. WAS DECEASED EVER IN U. S. ARME	D FORCES 1 15 COCIA			
(os, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO. NONE	MY NROBETT H. H. 3307 Cliftmont	roseker ADE Avenue	RESS
18. 416X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION				ONSET AND DEATH
(This does not mean the mode	of dying, e.g., (A)	JUARY EMBOLIS	M (PROB.)	I DAY.
heart failure, asthenia, etc. It mer injury or complication which	ans the disease,			•••••••••••••••••••••••••••••••••••••••
				10 TO
ANTECEDENT CAUS	SES AURI	LULAR FIBR	LLLATION	
DISEASES OR CONDITIONS, I	F ANY, GIVING			•
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L		14TIC HEART	DICERCE	
	(c) .FIFE U	iffic Heffici	DISEASE	
11				
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT				
TO THE DISEASE OR CONDITION				
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
	1 01- 51 105 05 1111511 /	1 1 010 1111505 510 (11	t b b b' ou	YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		in Baltimore City, give	e exact location)
DD. TIME (Month) (Day) (Year	(Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
INJURY	m. WHILE AT NOT WHILE			
22 I homoha contifu that I -t	tended the deceased from O.		1950	that I last and the
deceased aline on Oct 2	, 1950, and that death occu	, , 1930, to 00		
		23B. ADDRESS		23c. DATE SIGNED
80. 0 R.	Middleton M.D.	U= 201 44	26.7.1	Mat 2 1950
24A. BURIAL, CREMA- 24B. DATE TON, REMOVAL (Specify)	24C, NAME OF CEMET	ERY OR CREMATORY 24D. LO	CATION (City, town, or	county) (State)
burial 10/5/5	O Parkwood Ce	metery Balt	imore, Md.	1
	'S SIGNATURE	TESARONERAL DIRECTOR	A	DØRESS /
LOCAL REGISTRAR	to WHI FILL OF S	UFINHI BYNDERD &	BONS, INC.	/ //.
UCT - 3 10 Thurtre	aren / // // // NALLA NALLA	BALTO, 13, MD.	7 16 /	
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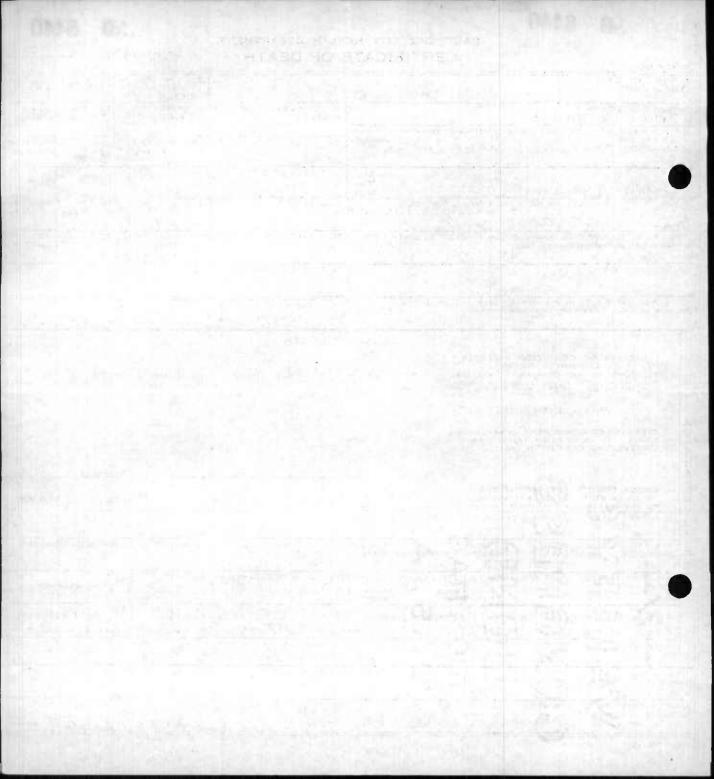


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

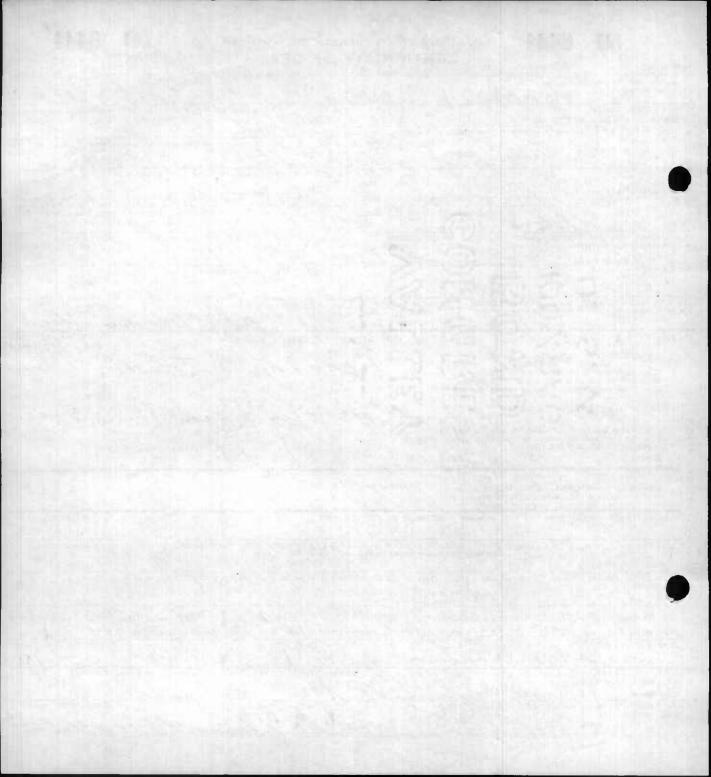
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BIRTH NO.	E OF DEATH Registered No.	
1 NAME OF DECEASED (Type or Print) William (A	UKY 2. DATE October	e1,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If instit	tution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR PI HE CREST SANA TARIUM	c. CITY OR TOWN (If outside corporate limits, wri	ite RURAL and give township)
Yrs. Mos. C. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	march 11 1867 83	Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Taleans The West of Working life, even if retired) The West of Working life, even if retired) The West of Working life, even if retired)	mole	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	/
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR Florence L. black 1318 mon	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A)		INTERNAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	4	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	wchopneumonia, Terminal	dyhrs
19A. DATE OF OPERATION . 19B. MAJOR FINDINGS OF OPE		YES NO
21a. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?	exact location)
FID. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURF WHILE AT NOT WHILL AT WORK		
deceased alive on SCOT 30, 1950, and that death occur	urred at 2.11 Am., from the causes and on the d	
23A. SIGNATURE. M. D. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	2030 W. fagette ff	10/1/50
Burnal Oct 4. 1950 St John	Ellicott lete	ODRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE COCAL REGISTRAR	Paul & lehenowether 3615-17 let	bestrub hue.
VS 150		



0-350 BALTIMORE CITY HEALTH DEPARTMENT LTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

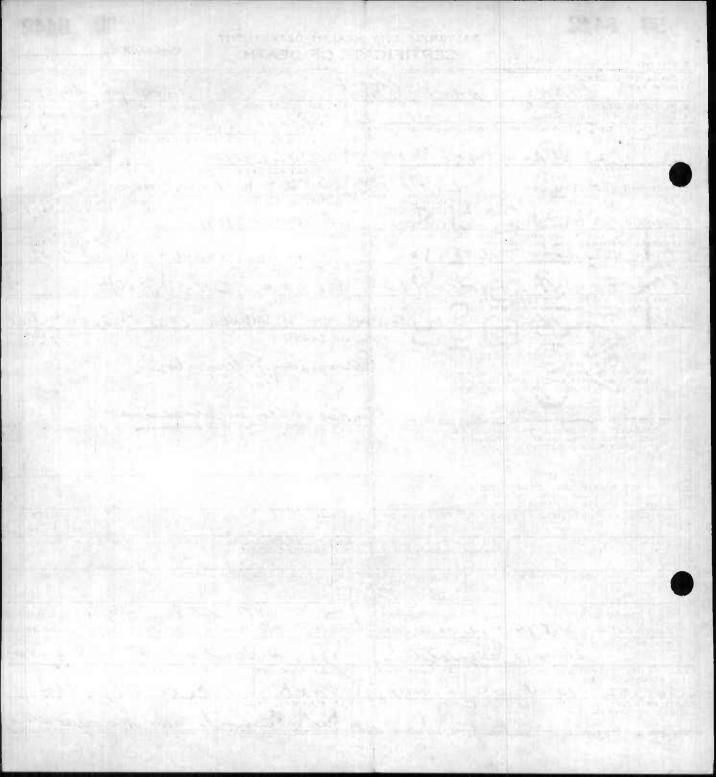
BIRTH NO.	aregistered into
(Type or Print) GRAYSON D. ODEN	DEATH Oct 1, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE	deceased lived, If institution : residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or mod.	
HOSPITAL OR INSTITUTION 1505 Howard full location) C. CITY OR TOWN (If outside location)	de corporate limits, write RURAL and give township)
Yrs. D. STREET ADDRESS (If rural,	give location)
c. Length of stay in Baltimore Days 150.5 Union to	ue.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. A	GE (In years H Under Year H Under 24 Hours
male White manuel march 29 1881	ast birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign	
Watchman blogg Steel by W. Va	WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war nr dates of service) SECURITY NO. 011.	ADDRESS
	1505 Huron Fue,
18. 42011 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	opposid I da
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	rememor - my
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	Allai Steen
Z DISEASES OR CONDITIONS, IF ANY, GIVING	VI Neslas Jus
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	Baltimore City, give exact location)
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCURRED INJURY	CUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from Jun 2, 1944 to Oc	195 Chat I last saw the
	uscs and on the date stated above.
23A. SIGNATURE 23B. ADDRESS	23C. DATE SIGNED
Florard Wallenslein M.D. 848 W 36.	A OC/2/50
BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCAT TION REMOVAL (Specify) Oct 5 (950 Land) P.B. Micheller	TON (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE! 1 25 FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR	de fre
OCT 3 1950 Dail C. So. Kenowl	Copy 305-17 fleshow
vs 150 0 1999	9,10
70332	1400



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.50 8	-3	4	2

CERTIFICATE OF DEATH Registered No-BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ARV WANE OF 00 DEATH OC 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR JOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 1829 W. Lomban MORE Yrs. ADDRESS (If rural, give location) Mos. Lombard c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) Months Days Hours Min. last birthday) wobin 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? STORE MANAGER 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, uo or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO 214-18-2246 NONE NO MRS. H. FREDERICI 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TD UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? VES 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE [. 1948 to Sep 30 , 1950, that I last saw the an 22. I hereby certify that I attended the deceased from. deceased alive on See 30, 1950, and that death occurred at F. 40 km., from the causes and on the date stated above, 23A SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE SURIAL 10-4-50 DATE RECEIVED BY REGISTRAR'S SIGNATURE DIRECTOR LOCAL REGISTRAR VS 750

150,379,00



5-632

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	IRTH NO.	
	NAME OF DECEASED ELMER B. SCHWARTZ 2. DATE OF DEATH OF DEATH	bER 2, 1950
3. A.	. PLACE OF DEATH: Baltimore City, Maryland 101 W READ ST 4. USUAL RESIDENCE (Where deceased lived. If ins. B. COUNTY) B. COUNTY	titution: residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Institution) C. CITY OR TOWN (If outside corporate limits, v	
1	1 101 W. READ ST. BALTIMORE 20	-0 % township)
	Yrs. D. STREET ADDRESS (If rural give location)	N
15	Length of stay in Baltimore Life Days 252, W. *AYELLE SEX [6.COLOR DR RACE] 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years) 11 Unit	for 1 Year If Under 24 Hours
	MIDOWED, DIVORCED (Specify) 77	Bays Hours Min.
10		CITIZEN OF
WOF	Chayffeyre Oil TRANS MARYLAND	WHAT COUNTRY
13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	. 3-77
	JCHWARTZ	
	on, no openhanown) (11 you, give war ar dates of service) SECURITY NO.	RESS . 1×
9		W. FAYELLE
	18. 420:1 CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tund.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	no days
	ANTECEDENT CAUSES	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING	
ATI	RISE TO THE ABDVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
0		
TIF	(C)	
CERTI	OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE OEATH, BUT NOT RELATED	
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
CAL		YES NO
EDICAL	21a. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (c. g., in or about home, farm, factory, street, office bldg., etc.) 1NJURY OCCUR?	exact location)
M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE	
	22. I hereby certify that I attended the deceased from Oct 2, 19 50 to Oct 2, 19 50	that I last saw the
	deceased alive on Of 2, 1950, and that death occurred at 130 m., from the causes and on the	
	23a. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED
	Votating 2. Wollaweter M.D. 123 medical all stay	Oct 2.1550
TI	4A. BURIAL, CREWA- ON. BEMOVAL (Specify) 240. LOCATION (City Jown, or	county) (State)
	BURIAL 10-5-50 WESLEY GROUG CEMETERY Wood FIELD, M	PRESS
	OCAL REGISTRAR	rederick
1		AUG
	9,	La
	00 366	

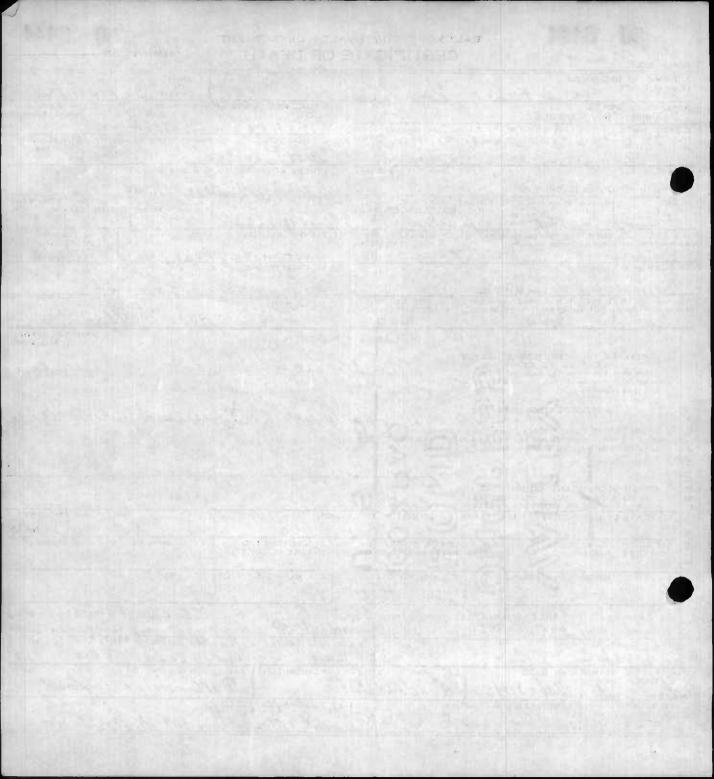
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Registered	No	

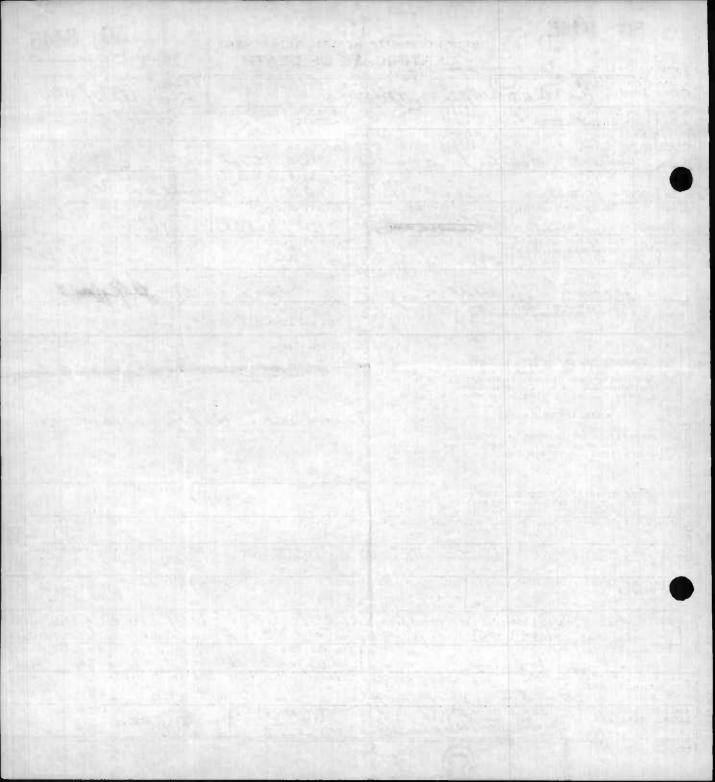
Bi	RTH NO.			OLIVIII TOATI	- OI DEATH			
1.	NAME OF D	ECEASED			2. DATE			
(1	ype or Print)	Miss E	thel	Primrose		DEATH OCT	1.1950	
	PLACE OF D Baltimore (4. USUAL RESIDENCE	(Where deceased lived, If in B. COUNTY	stitution: residence before admission)	
В.	FULL NAME	OF (If not in hospit		ion, give street address or	Mdry land	Baltimor	E	
HO	SPITAL OR	The Union 1	Nemor	ia / Hosp location)	C. CITY OR TOWN	(If outside corporate limits,	write RURAL and give township)	
11	16	Baltimore	= 18, M	cryland.	Battimore		-/4	
	1			7.2 Yrs. Mos.	D. STREET ADDRESS			
C.	ength of s	tay in Baltimore		Days	4325 Wi	ckford Road		
5.	SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years II U	nder 1 Year H Under 24 Hours ths; Days Hours: Min.	
	Florale	W/6:1-		ngle	Sept 11, 1818	7 7	Line Days Floure Milli.	
10	A. USUAL OC	CUPATION (Give kind of	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	2. CITIZEN OF	
work	-0.	of working life, even if retired)		INDUSTRY	R-11:	11 /	WHAT COUNTRY	
13	FATHER'S			iono	Baltimore 14. MOTHER'S MAIDEN	Maryland	u, S.A.	
	PAINERSI	AVME			14. MOTHER S MAIDEN	NAME		
_ [N1/10m	D. Primr	052		Florence	= Herrin	9	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	, AD	DRESS	
`	no	none		none	Self	4325 Wicht	and Road	
	18. ///	124		CALISE	OF DEATH	V	INTERVAL BETWEEN	
	7	75 / 1		CAUSE	OI BEATTI		ONSET AND DEATH	
	DISEA	SE OR CONDITION LEADING TO DEA	TH	P. 1	mare les es	e ai lent	141.	
		s not mean the mode are, asthenia, etc. It mes	of dying, e. s		comment as	- Couns	- augu	
	injury or	complication which	caused death	DUE TO				
	ANTECEDENT CAUSES							
Z	ANTECEDENT CAUSES (B) Hypertensine Carlinguagenter Line ? years							
0		S OR CONDITIONS,						
AT	UNDERL	THE ABOVE CAUSE (A) YING CONDITION L	AST.	ng 002 10 -				
2							1 1 1 1 1 1 1 1	
쁜		II II		(C)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
œ		SIGNIFICANT COND						
R		G TO THE DEATH, BUT DISEASE OR CONDITION						
J	19A. DATE C	OF OPERATION O	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
4				Period Control			YES NO X	
20	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City, gi	ve exact location)	
Ш	HOMICIBL	(Deceiry)	42000 20110	(12 2 3 1 4 4 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
2	21b. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?		
K	F INJURY		MICH !	WHILE AT NOT WHILE				
			m.	WORK AT WORK	4 16 50	00.4		
22. I hereby certify that I attended the deceased from Sept 18, 1950, to oct 1, 1950, that I last saw to deceased alive on oct 1, 1950, and that death occurred at 7:55P.m., from the causes and on the date stated above								
	deccased a	live on oct 1	, 1950.	and that death occur	rred at 7:55P.m., from	m the causes and on the	e date stated above.	
	23A. SIGNA	TURE	1	2	3B. ADDRESSTAC UNIO	n Memorial HOSP	23c. DATE SIGNED	
	Alfre	ch s. Nel	en	м. D.		dry and	oct1,1450	
2.	4A. BURYAL, ON, REMOXAL (CREMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, town, o	or county) (State)	
1	+ /	11/1/1/1-3	1950	Loudon Ja	rk 3	Baltimore, Ma	eryland,	
	ATE RECEIVE		SSIGNATU		25. FUNERAL DIRECTO	OR M	ADDRESS	
L	OCAL REGIST		mars day 3	E DOR	2 2 2	71 (19)5 h	18 P	
_	001 - 31	2011 marrage West	A. H. D. Z.	is and I was	ewary Tillowen	10. 100 W. 110	um un.	
1	VS 150	41.400	PH3 44	7.4		Pit: #1	000	



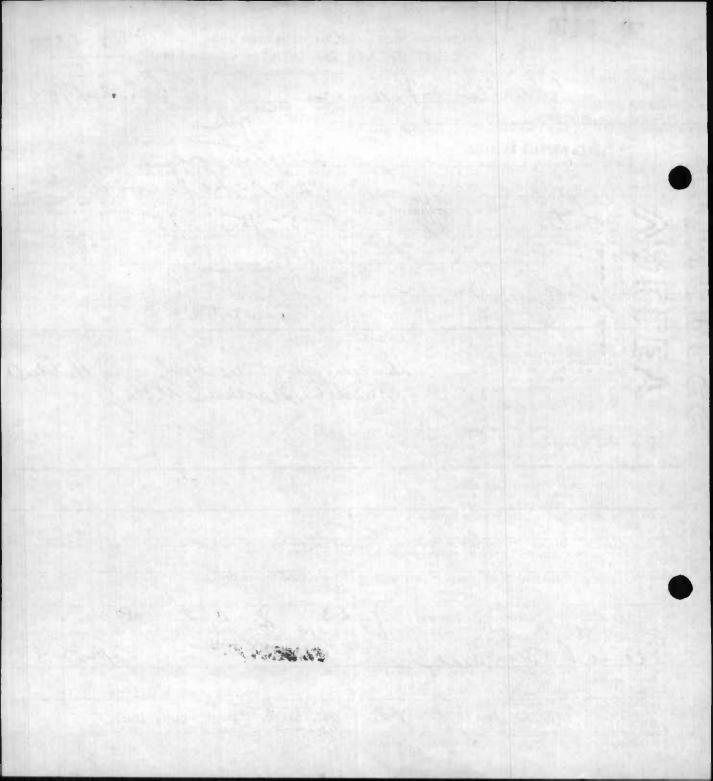
BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF KR EDWARD F. STANTON. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITYOR TOWN (If outside corporate limits, write RURAL and give INSTITUTION a then see. Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years If Under I Year 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. divorced, 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rork done, fring most of working life, even if retired) INDUSTRY WHAT COUNTRY Balto-City. Fire Dep Ketired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or upknown) (If yee, give war or dates of service) SECURITY NO. Irs. Marie Grill, dght, 3521 Brendan Ave. no INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES L'eve rele DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR? 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) ID. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE . 19 5Qhat I last saw the 1950 to 10/1 22. I hereby certify that I attended the deceased from 19 5D and that death occurred at 12.30 Pm., from the eauses and on the date stated above. deceased alive on. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240-NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B, DATE 7225 Eastern Ave Balto. Md. Oct. 4,1950 Cak Lawn Cem. Burial ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 2601-3-5 E. Madison St.



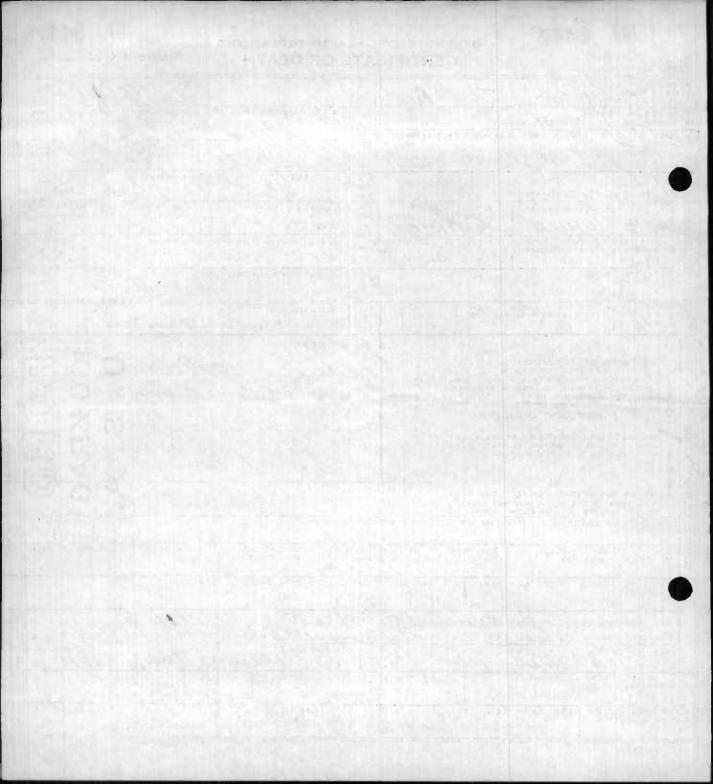
V	50	8446	ВА	LTIMORE CITY I	HEALTH DEPAR	TMENT		50	0240
A	656	1		CERTIFICA			Registere	d No	osah
1. N/	H NO. AME OF DECE or Print)	ASED O	yn la	A. U.	Sr.		2. DATE	4 2	19-1
	ACE OF DEAT		· · · ·	- Was	4. USUAL REGI	DENCE (Wh	DEATH County	l. If institu	tion: residence before admission)
B. FU	LL NAME OF		tal or institu	tion, give street address location	or	1110	_		
	ITUTION	ANDS MOLKINS	BUSPITAL	iocatio	c. CITY OR TOW	line	atside corporate l	imits, write	RURAL and give township)
0	noth of stay	in Baltimore		Yrs Mos	722	RESS (If)	ral, gird location)	The
5. SE		OLOR OR RACE		E. MARATED,	8. DATE OF BIR	TH	9. AGE (in years		
me	le m	Thite		VED, DIVORCED (Specif	5-5-	75	15	Months I	Days Hours Min.
work doc	be during most of wor	ATION (Give kind of king life, even if retired) retire(John H	of Business or ancock Life T	11. BIRTHPLACE	State or fore	eign country)		HAT COUNTRY
13. F.	ATHER'S NAM	E	1 Ager	116	14. MOTHER'S M	ALDEN NAM	1E >		
15. W	AS DECEASED E	VER IN U, S. ARMEI	LAC DEORCES2	I 16. SOCIAL	- In	ary		Baltz	
(Yee, no	or uokoowo) (If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT	has notel	as buspital	ADDRES	3S
18	. 3	71X.		CAUSE	OF DEATH				TERVAL BETWEEN
		OR CONDITION		11.	2	/	LI	O.	SET AND DEATH
	(This does not	mean the mode of sthenia, etc. It mea	of dving, e.	g., (A) Alles	urage f	Due G	1995		11 days
		plication which		h.) DUE TO MU	dale Car	ettra	eure	rex	
7	ANT	ECEDENT CAUS	SES	(7)				1	
5	DISEASES OF	CONDITIONS, I	F ANY, GIVII	(B) NG HE DUE TO	***************************************	***************************************		-	
FICATION	UNDERLYING	CONDITION LA	ST.	(C)	••••••	*****************	***************************************		
Ē -		Ш							
ERTI	TRIBUTING TO	THE DEATH, BUT	NOT RELAT	ED					
19	A. DATE OF O	PERATION 1		FINDINGS OF OPE	RATION			12	20. AUTOPSY?
<u> </u>		2							NO D
- C	IA. ACCIDENT YING OR CO	WAS UNDER- INTRIBUTING TH		ACE OF INJURY (e. g. farm, factory, street, office bldg			in Baltimore Cit	y, give ex	act location)
Σ	D. TIME (Mon	th) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DI	D INJURY (OCCUR?		
	WILDOW!		m.	WHILE AT NOT WHILE AT WORK			,		
2:	2. I hereby ce	rtify that Latt	ended the	deceased from 9	193 , 194	0, to 10		So, that	t I last saw the
	eceased alive		1950	and that deathfocd	erred at 10 7	i., from the	causes and or	n the dat	e stated above.
-	Du	ul De	ilo,	11) M.D.	238. ADDRESS NUT	(18) Basser	T WIT	10.	DATE SIGNED
24A.	BURIAL, CREM REMOVAL (Special	A- 24B. DATE	3,022	24c. NAME OF CEMET	ERY OR CREMATOR	Y 240. LOC	ATION (City, to	wn, or cour	nty) (State)
	Burial	Oct. 5,19		Greenmount Ce	m.	Greenmo	ount & Oli	ver.	Balto Md
	RECEIVED BY			Filting Me	Schimenek 2601–3–5	Funera	Home, Tr	ADDE	RESS
161	VS 150	No.	- 455	, a m	, <u>2001-0-0</u>	H . Ma(1)	son St.	,	
								83	a



50	8	4 4 44	,
7 - 5 50 BIRTH NO.			

BALTIMORE CITY HEALTH DEPARTMENT

6	7-55	0		CERTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF D ype or Print)	ECEASED ANTON	ZE	MAN		2. DATE OF DEATH	11/50
Α.		EATH: City, Maryland			A. STATE	E (Where deceased lived, I	f Institution; residence before admission)
H	OSPITAL OR	OF (If not in hosp		on, give street address on location) HOSP.	c. CITY OR TOWN	(If outside corporate limit	its, write RURAL and give township)
C.	Length of s	tay in Baltimore	1904	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	EST.
5.	SEX	6. COLOR OR RACE	WIDOWI	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH Dec. 16, 1873	9. AGE (In years last birthday) M	M Under 1 Year on the Days Hours Min.
		CUPATION (Give kinds of working life, eveo if retired		of Business or kins Hosp.	11. BIRTHPLACE (State Czechoslovaki		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	unknown			14. MOTHER'S MAIDE	Marie Piplon	
	a, no or onkoowo)	ED EVER IN U. S. ARM (If yee, give war or de	ED FORCES? tes of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT Marie Zeman, w	ife, 903 N. Ros	ADDRESS Se St.
ICATION	(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DE s not mean the mode ure, asthenia, etc. It m complication which ANTECEDENT GAL S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION	ATH of dying, e, g eans the disease caused death. JSES IF ANY, GIVIN () STATING TH	(B)	ediac g	astlma	*
CERTIF	TRIBUTIN	II SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION	T NOT RELATE	D			
SAL		OF OPERATION O		FINDINGS OF OPE			YES NO
MEDICAL	HOMICIDE	ENT. SUICIDE, (Specify) (Month) (Day) (Yea	about home, fe	CE OF INJURY (e. g., irm, factory, street, office bldg.	etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
	FINJURY	(month) (Day) (rea		HILE AT NOT WHILE			
		live on 10/1/	CA9, c		rred at 1 2 m., fro		
2 TI	4A. BURIAL, ON, REMOVAL (CREMA- 24B. DATE	2	Dak Hill Ceme	tery Ho	rner's Lane, B	
	ATE RECEIVE OCAL REGIST	TRAD	R'S SIGNATU	Minute, Rin	Schimmek Fune	OR()	ADDRESS
	III.VS TEAL	330		A M CA	Z Z AMOU	arbon bt.	



2449 BALTIMORE CITY HEALTH DEPARTMENT JL- 141092 CERTIFICATE OF DEATH Registered No-BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Frances Jacobs CIADURA 10-1-50 DEATH B. COUNTY (If not in hospital or institution, give street address or Baltimore City Hospitals ocation c. CITY OR TOWN 4940 Eastern Ave. Baltimore Yrs.

3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland hefore admission) B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Mos. 808 S. Bond St. e. Length of stay in Baltimore 57 yrs. Davs 8. DATE OF BIRTH 7. SINGLE, MARRIED 6. COLOR OR RACE 9. AGE (in years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Female Wid. Nov. 4, 1879 70 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done-during most of working life, eyen if retired) INDUSTRY WHAT COUNTRY? Poland ouslivis 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pauline Siekiewicz Sam Kasper 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. B. C. H. Records, 4940 Eastern Ave. INTERVAL BETWEEN 1B. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Terminal Bronchopneumonia days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Fracture of Right Hip 34 days ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO CERTIFICATION APPROVED BY (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. THE OR ASST MEDICAL SYAMON 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 8-30-50 Blount nailing for Fracture 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21c. WHERE DID (If in Baltimore City, give exact location) 898 S. Bond St. about home, farm, factory, street, office bldg., etc.)

CAUSE OF DEATH at home D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Fell in her room

22. I hereby certify that I attended the deceased from 8-28-50, 19, to Oct. 1, 1950, that I last saw the

deceased alive on Oct. 1 . 19 50 and that death occurred at 3.40 AM., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Tastern Ave.

24A. BURIAL. CREMA-24B. DATE TION REMOVAL (Specify)

24CANAME OF CEMETERY OR CREMATORY 240. LOGATION (City, town, or county)

wan DATE RECEIVED BY LOCAL REGISTRAR

11820.0

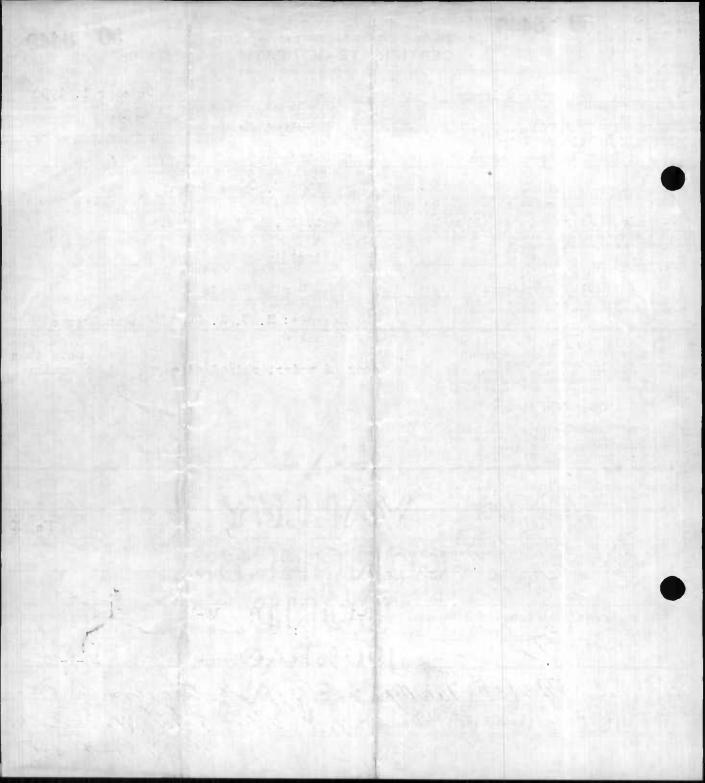
are the dich aspess of a Street Wall to the same SS', REA-140287

8449

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

В	RTH NO.			CERTIFICATI	- OF DEAT	H	NO
	NAME OF D	ECEASED				2. DATE	
(1	'ype or Print)	Gertrude C	oleman			DEATH Octol	ber 1, 1950
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived, I	If institution : residence
			al or institut	ion, give street address or	Maryland	B. COUNTY	before admission)
H	SPITAL OR	Baltimore Cit	y Hospi	itals location)	C. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
5	0111011011	940 Eastern A	-		Baltimore	10-0	township)
20			0	Yrs.	D. STREET ADDRE	SS (If rural, give location)	
C.	Length of s	tay in Baltimore	10	Jrs. Mos. Days	1308 E. C	hase Street	
5.	SEX	6. COLOR OR RACE		MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours
	Female	Negro	Widow		Oct. 12, 19	01 48	Ionths Days Hours Min.
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF
	accounting most	or worklog tire, eved it retired/		INDUSTRY	Virginia		WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME	1
		Clairborn G	uss		Martha	Harris	
15	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(10	e, no or unknown)	(If yes, give war or date	or service)	SECURITY NO.	Records: B.	C. H. 4940 Easter	
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (CAUSE OF DEATH (A) Cancer of undertermined site (B) DUE TO (B) DUE TO						INTERVAL BETWEEN ONSET AND DEATH More than 6 months
CER	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
	19A. DATE C	OF OPERATION 0 1	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
1EDICA		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about bome, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE D		give exact location)
Σ	1D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
E.	INSORT		m.	WORK NOT WHILE			
	22. I hereh	u certifu that I att	ended the	deceased from 8-1	19.50	0 to 10-1 , 195	that I last sam the
		live on 10-1				from the causes and on	
	23A. SIGNA		, 10		3B. ADDRESS	, jrom one canoco ana on	23c. DATE SIGNED
		A.S.	165	Rec M.D. 1	1940 Eastern	Avenue	10-1-50
24	AA. BURIAL,	CREMA. 24B. DATE	, 01:	24c. NAME OF CEMETE		24D LOCATION (City, tow	n, or county) (State)
1	temora	L Val. 51	50	new Hoke Ce	miley	Spotelaren	un Co. da.
DL	OCT - 3	PAR REGISTRAR	SIGNATU	200 (A (1))	25. FUNERAL DIR	To felled	ADDRESS / Thughter
	VS 150		NVI O	- 1 45 11 - 11 A 44		1129n.C	Merlinest 55E

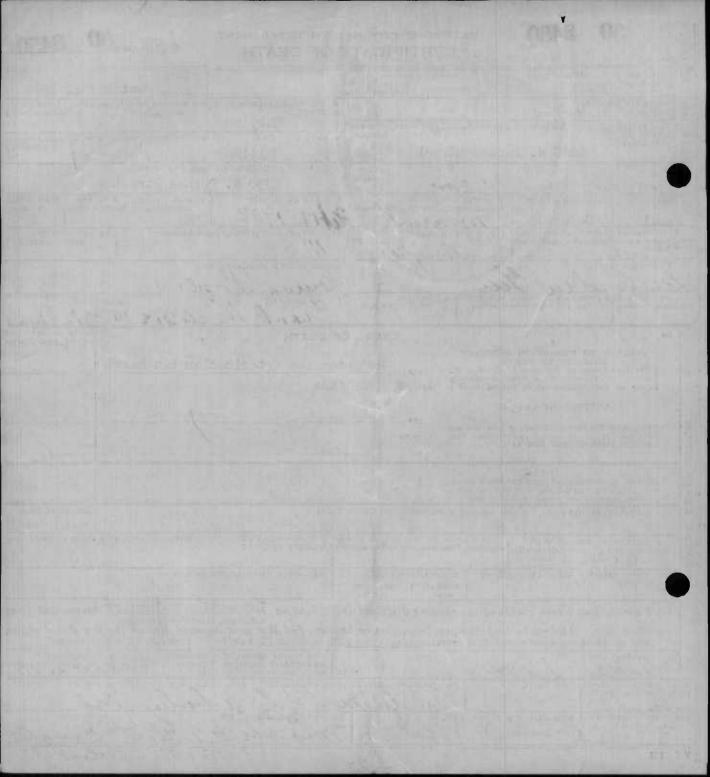


2-90 8450

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BI	RTH NO.						
1. (T	NAME OF E	WILLIE MA	UDE	HARGROVI	E	2. DATE OF DEATH Octobe	er 1, 1950
	Baltimore	City, Maryland			A. STATE	(Where deceased lived, If ins	stitution : residence before admission
	FULL NAME	OF ('f not in hospi	tal or institut	ion, give street address or			
	SPITAL OR ISTITUTION	1030 N. I	urham S	location) Street	c. CITY OR TOWN (Baltimon	If outside corporate limits,	write RURAL and give township
	Tall .			Yrs.	D. STREET ADDRESS (
	anoth of a	tor in Daltinson	202	Mos.		Durham Street	
5	SEX	stay in Baltimore		Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) It Uni	nder I Year It Under 24 Hours
			WIDOW	ED, DIVORCED (Specify)		last birthday) Month	hs Days Hours Min.
	Temale	COlored CUPATION (Give kind of		arred	7,111, 100	1 48	
worl	done during most	of working life, even if retired	0	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	ioreign country) 12	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S		00		14. MOTHER'S MAIDEN	NAME	
1	Per (1	adsout 1	4.10		Les P	-11/10	
15	. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	I 16. SOCIAL	DO GLORA VI	THE	
(Ye	t, no or nuknown)	(If you, give war or date	es of service)	SECURITY NO.	17. INFORMANT	ADD	DRESS
					1) CARA 170	124141610	30/1 Rhyles
	18.	4200		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION	DIRECTLY				
		LEADING TO DEA s not mean the mode	of dying, e. s		rtensive arterios	sclerotic heart	
		ure, asthenia, etc. It me complication which		e. KXXXXXXX dis	sease		
	,			.,			
		ANTECEDENT CAU	SES				
Z		S OR CONDITIONS,			***************************************	• • • • • • • • • • • • • • • • • • • •	****
읩		THE ABOVE CAUSE (A)		HE DUE TO			
Y				(C)			
RTIFICATION		11	Marie .				
E		SIGNIFICANT COND TO THE DEATH, BUT					
111		ISEASE OR CONDITION	CAUSING I	Т			
U	19A. DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
AL					11.04-1445	(to 1 22 21)	YES NO X
EDIC/	UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH	about home,	ACE OF INJURY (e. g., is earm, factory, street, office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, give	e exact location)
Σ	F INJURY	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUI	RY OCCUR7	
L	INJUNI		m.	WHILE AT NOT WHILE			
	22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry						
	the ev	idence obtained by	said Auto	psy, Inspection or l	Inquiry, find that said	deceased died on the	day stated above
	23A. SIGNA					EXAMINER 23c.	
	11/11	1. Ildas	M	M	.D. MEDICAL INVESTIGA	EXAMINER	ober 2, 1950
24	A. BURIAL.	CREMA- 248. DATE	0		RY OR CREMATORY 240.		
TIC	N. REMOVAL	Specify		Ashet a	2000 For 6	desit To	n 0
D	ATE RECEIVE	D BY REGISTRAR	'S SIGNATI	IRE -	25. FUNERAL DIRECTOR	A TELLED P	ADDRESS
LC	OCT -	2010	water.	Mirano Mis	modelers	ha. Elleror	Caught
v	S 151		310	720	46 930	12971. Car	olino N



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BALTIMORE CITY HEALTH DEPARTMENT

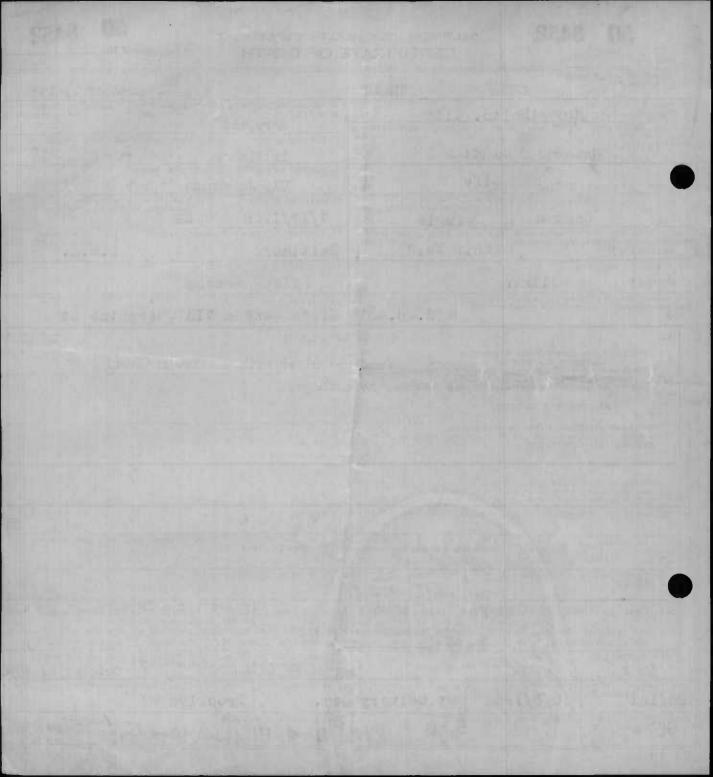
BI	RTH NO.			CERTIFICATE	E OF DEATH	Registere	'u 190,
=	NAME OF D	ECEASED				2. DATE	
	ype or Print)		C	ohb	9	OF DEATH SA	m+ 20/TO 50
3.	PLACE OF D	Jesse Jesse		000	4. USUAL RESIDENCE	(Where deceased lived	I. If institution: residence
		City, Maryland	Balto.	City	A. STATE Marylan	B. COUNTY	before admission)
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)			imits, write RURAL and give
	STITUTION	70 1			P 70 0 00		township)
-	5	39 West Laf	ayett	Venue v	Baltimore Ma		1-00
				Yrs. Mos.	D. STREET ADDRESS ()		
_		stay in Baltimore	24 Y		539 West Laf	ayett Aver	nue
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
	ale	Col.	Mari	ried	March 26.187		
		CUPATION (Give kind of of working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	Manager		Prive	ate Dining	Marchell Tex	as	U.S.A.
13	FATHER'S	NAME		Room	14. MOTHER'S MAIDEN		
0	sborne	Cobb		2100111	Dora ?		
		ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Ye	, no or unknown)	(If yes, give war or date	m of service)	SECURITY NO.		FRO W F	ADDRESS
	No				Flordia Cobb	539 W. Lai	ayett Ave
	18.	42771		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	01	4 1		2 10
		LEADING TO DEA s not mean the mode	TH	* 1.1	us ed ansure	in Lunor	much over 12 he
	heart fail	ure, asthenia, etc. It mea	ns the disea	se,	12011		
	injury or	eomplication which	caused deat				
		ANTECEDENT CAUS	SES	1	lionescula		1.20 101
Z				(B)	LIOSIASCIUM	VBSERAL	1 0000 12 VyV.
TION		S OR CONDITIONS, I					0
	UNDERL	YING CONDITION L	AST.				
ERTIFICA				(C)			
		11					
ER		SIGNIFICANT COND G TO THE DEATH, BUT					
Ū	TO THE I	DISEASE OR CONDITION	CAUSING	ΙΤ			
_	19A. DATE	OF OPERATION O	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
Q D					Loss Wilene Din	(Té in Doltimon Ci	YES NO
DICA	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(II in baltimore Ci	ty, give exact location)
F	-		-				
		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	F INJURY		222	WHILE AT NOT WHILE		0 . /	
			m.	1.1	10/21/	John 79. 1	01/2 17 17 1 1 1
				deceased from flag	19 Jo, to		900, that I last saw th
			9, 19 10.	and that death occur		the eauses and o	n the date stated above
	23A. SIGNA	TURE		2	3B. ADDRESS	There is a	1112
	Monn	es-110. rav	V	M. D. /-	700 N. GWINE	WW 6-C	10.2.77.10
1 TI	AA. BURIAL,	Specify		24c. NAME OF CEMETE		LOCATION (City, to	
	urial	10/3/1	950	Trbutus Mem	.Park Ar	butus Balt	to. Md.
D	ATE RECEIVE	D BY REGISTRAR	SSIGNAT	URE	35 FUNERAL DIRECTOR	(N)	ADDRESS 10
14	CAT RESIST	951)	Luxon	Village M. M. T.	Cliver 1 . all	tron U	Vo Drancey
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1				2906	1-1		12/

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REGISTRAR'S SIGNATURE

26. TUNERAL DIRECTOR

elson 104 Brankly av



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

558	DAMA	
1011	104.343	
gistered No		

1 21	DTU NO			CERTIFIC	ATE	OF DEAT	Н	Registere	d No.		
	NAME OF D	ECEASED			-		1.2	DATE			
	ype or Print)	GENEVIEVE L	. SHETT.				-	OF DEATH OCT	ober	1	1050
	PLACE OF D	EATH:				4. USUAL RESIDE	NCE (Where	e deceased lived		ution:	residence
	FULL NAME	City, Maryland	al or institut	ion, give street addr		Marvland		B. COUNTY		befo	re admission)
H	SPITAL OR	Or (II not in nospite	ar or metrous		45 1 -	CITY OR TOWN	(If outs	ide corporate li	mits, wri	te RUI	RAL and give
	STITOTION	Mercy Hospit	al:			Baltimore		21-	01		township)
						STREET ADDRE		l, give location		-	
	Length of s	tay in Baltimore			Mos. Days	1 W. Fran	klin St.	., Aparti	ment :	22	
5.	SEX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (S	S (witness	DATE OF BIRTH		AGE (In years last birthday)	H Under 1	l Year	If Under 24 Hours
	female	white	Wido		pecity)			65	Months	Days	Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS		1. BIRTHPLACE (S	state or foreig	n country)			EN OF
	Vone	or working life, even it resired/		INDU	SIKI	Baltimore	e. Md.			WHAI	COUNTRY
13	. FATHER'S	NAME			1	4. MOTHER'S MA					
		Ambros	e Ryan			Not obtai	nable				
15 (Ya	. WAS DECEASE	ED EVER IN U. S. ARMEE	FORCES?	16. SOCIAL	1	7. INFORMANT			ADDRE	ESS	
(100	, no or dornowo,	(11 Jon, Rivo was of Gazo	a or service,	SECURITY	NO.	Ellen M.	Sheil	434 E. B	iddle	St	
	18. L	1112 X		CAL	ISE O	DEATH					VAL BETWEEN
	,	143X SE OR CONDITION	DIRECTIV	OA C	,51 01	DEATH			C	ONSET	AND DEATH
		LEADING TO DEA	TH	Н							
	(This does	s not mean the mode oure, asthenia, etc. It mea	of dying, e.	g., (A)	ertens	sive cardio	vascula	r olsease	3		***************************************
	injury or	complication which	caused death	i.) OUE TO							
Н		ANTECEDENT CAUS	SES								
7	D.C	C OC CONDITIONS		(B)		*************************************					
Ö	RISE TO T	S OR CONDITIONS, I	STATING TI								
RTIFICATION	UNDERL	YING CONDITION LA	NST.	(C)				•••••			
2		II	The state of								
Ē		SIGNIFICANT CONDI									
Ш		ISEASE OR CONDITION									
O	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF	OPERAT	ION				20. A	UTOPSY?
CAL					,	Late Wilson D	ID (It !-	D-142 Cir		YES L	ио ⊠
EDIC	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB. CAUSE OF DEATH.		ACE OF INJURY farm, factory, street, office				Baltimore Cit	y, give e	xact I	ocation)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCC	URRED	21F. HOW DID	INJURY OC	CCUR?			
	I MJORT		m.		WHILE						
	22. I certi	fy that I took char	ae of the	remains describ	hed abo	ve, held an In	quiry &	Inspect	on the	ereon	and from
						A	lutopsy, Inspe	ection or Inqui	ry		
	and de	idence obtained by ath in my opinion	resulted t	rom: natural c	auses I	Q. accident \square .	saia aecea suicide □.	homicide	undet.	ermin	ned \square .
	23A. SIGNA		1/			238. CHIEF ME	DICAL EXA	MINER	23c. DA		
	Will	lieur Vou	THE		M.D.	ASSISTANT ME			Octo	ber	1, 1950
24 TIC	A. BURIAL. (S	CREMA- 24B. DATE		24c. NAME of CE	METERY	OR CREMATORY		TION (City, to	wn, or co	unty)	(State)
	Burial	10/3/50	0	New Cathed	dral	2 2 2 2	Balti	more, Md			
	TE RECEIVE		SSIGNATL			5. FUNERAL DIRI	ECTOR A	1		RESS	3
20	CAL REGIST		in the !	(A). U	in 12	2. 18. Tre	ale and)	Doy 805	9/2	alve	vol. 24.
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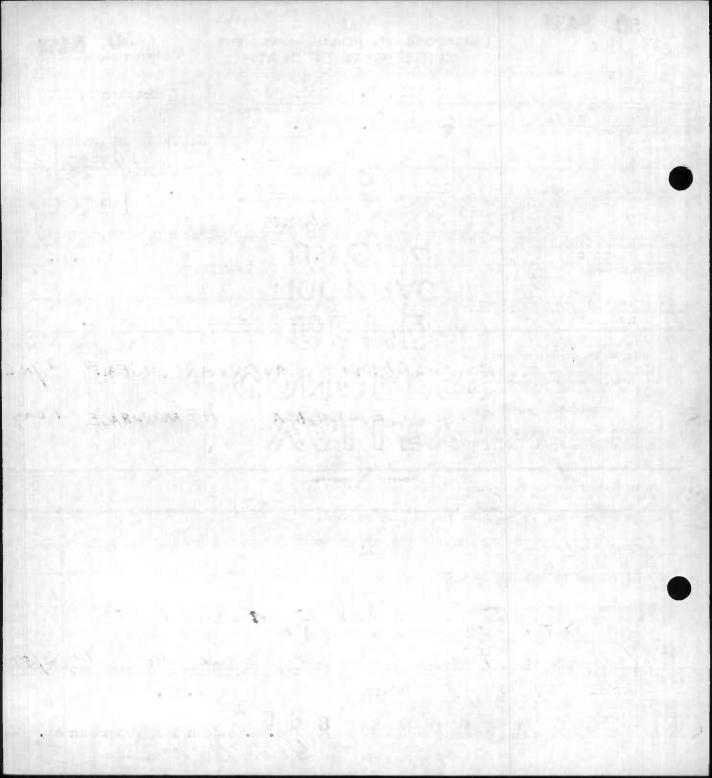
C.

3	50	8	1.54
J.	25	0	

BALTIMORE CITY HEALTH DEPARTMENT

SA CAGA

J - 230	CERTIFICATI	Registered !	gistered No.	
BIRTH NO.				
I. NAME OF DECEASED (Type or Print)	Villiam H.	Jackson	2. DATE OF NCtob	er 1, 1950
B. FULL NAME OF (If not in hospital or inst	226 Fitting St.	4. USUAL RESIDENCE (Where deceased lived. If B. COUNTY	institution : residence before admission)
HOSPITAL OR INSTITUTION	location)	Balto.	14	ts, write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	p. STREET ADDRESS (If 2226 Etti		
	GLE, MARRIED. DOWED, DIVORCED (Specify)	8. DATE OF BIRTH 8/4/1884	9. AGE (In years last birthday) Mo	If Under 1 Year on the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	U. S. A.
13. FATHER'S NAME	?	14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT Margaret Jackso		DDRESS
heart failure, asthenia, etc. It means the di injury or complication which caused d ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REI	IVING OUE TO (B) CFR (C) (C)	EBRAL		
19A. DATE OF OPERATION A 19B. MA.	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
LYING OR CONTRIBUTING about he CAUSE OF DEATH	PLACE OF INJURY (e. g., in ome, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?	If in Baltimore City,	
FINJURY (Month) (Day) (Year) (Hour)	2 IE. INJURY OCCURR WHILE AT NOT WHILE AT WORK		Y OCCUR?	
22. I hereby certify that I attended deceased alive on CI 1, 195	the deceased from No.	V. 15, 19 5, to (1)	DCT/, 195	that I last saw the
230 SIGNATURE F	rey M.D.	1928 Pem	a an	10 3 50
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 10/4/50	Mt Auburn		OCATION (City, town	, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGN.	ATURE!	25. FUNERAL DIRECTOR	lson 1303 Pre	ADDRESS
VS 150	93010	Dev. &	1. Kels	on 93)



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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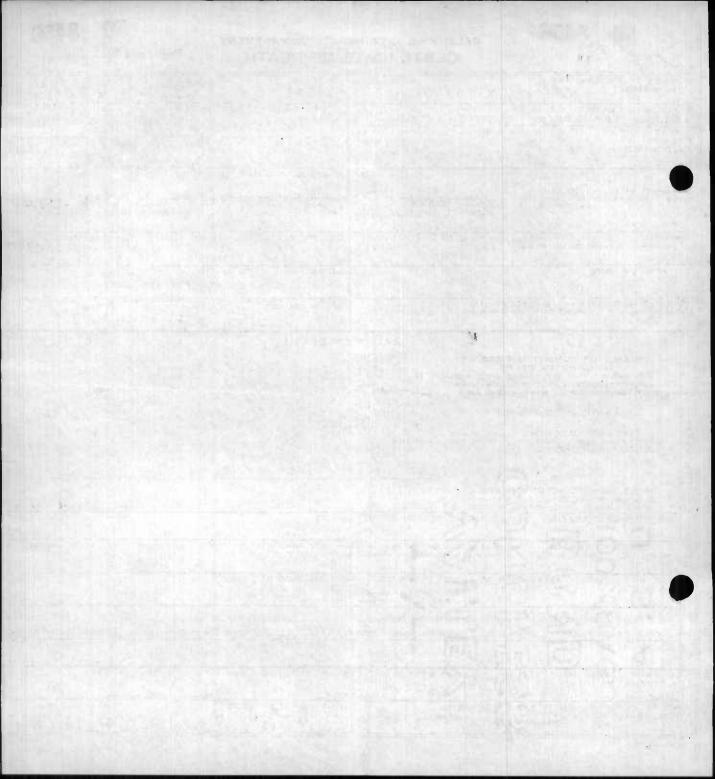
	0		CE	ERTIFICAT	E OF DEATH	Register	ed No.
_	RTH NO.						
1. (T ₂	NAME OF Domesting (Print)	DECEASED	C. Sisco			2. DATE OF DEATH	ctober 1, 1950
Ä.		City, Maryland			4. USUAL RESIDEN		ed, If institution : residence Y before admission)
HC	STITUTION	OF (If not in hospit		location)	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and give townshlp)
C.		stay in Baltimore	, /(/ ==	Yrs. Li Mos. Days	D. STREET ADDRES	S (If rural, give locations, Ave	n)
	SEX F	6. COLOR OR RACE	W	ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH 5/23/1890	9. AGE (In year last birthday 60	rs H Under Year H Under 24 Hours Months Days Hours Min.
10. work	dooeduring most	CUPATION (Give kind of of working life, even if retired)	10в. KIND OF home	BUSINESS OR INDUSTRY	11. BIRTHPLACE(St	ate or foreign country)	UWHAT COUNTRY?
13.	FATHER'S	Denis You	ng		14. MOTHER'S MAII	DEN NAME	
15 (Yes	WAS DECEAS	ED EVER IN U. S. ARMET (1f yee, give war or date	FORCES? 16	SOCIAL SECURITY NO. 11 010	17. INFORMANT Richard Sisc	o 1943 Penna	ADDRESS
CERTIFICATION	DISEASE RISE TO TUNDERL	ire, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	aused death.) SES FANY. GIVING STATING THE ST. TIONS CON-	DUE TO (B) DUE TO (C)	Chimin	Sastut	
Ü,	TO THE D	ISEASE OR CONDITION	CAUSING IT.				
AL	19A. DATE (OF OPERATION O 1	9B. MAJOR FIR	NDINGS OF OPER	MATION		YES NO
EDICA		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE about home, farm, f	OF INJURY (e. g., i actory,street,office bldg.,	B or 21C, WHERE DI	(If in Baltimore C	City, give exact location)
N	22. I hereld deceased a		m. whili	eased from that death occur	PAT 6 1950 rred at 8:45 m.	oto Oct 1-, i	19 50 , that I last saw the on the date stated above.
	23A. SIGNA	1/1 m.K.	Boy Kin	м. р.	1133 h	monroe	23c. DATE SIGNED 18/3/50
	A. BURIAL, N. REMOVAL (S Bur	ial 10/5/5	0 1	NAME OF CEMETE		24d. LOCATION (City,) Md •	
	CAL REGIST		S SIGNATURE	liters M. M.	25. FUNERAL DIRE	G. Kelson 1 0	3 Presstman St.
-	U. J. BO	1336	71		1721	11 1/2	

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D	2	1	2		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere	d No

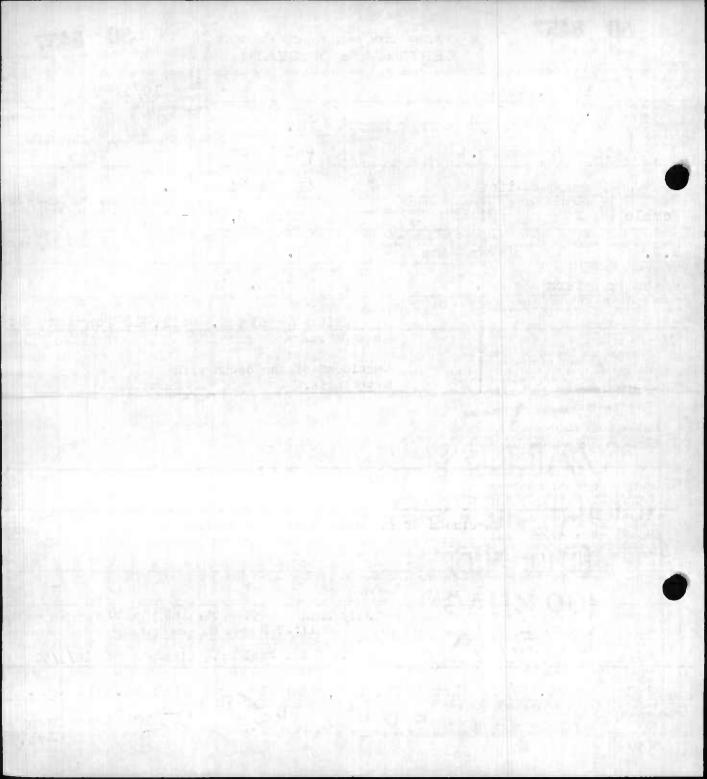
В	RTH NO.		CERTIFICAT	E OF DEATH	Registered No.	
1. (T	NAME OF DECEASED bype or Print)	Harry D	esplany	b	2. DATE OCO DEATH	2-1950
А. В. Н	PLACE OF DEATH: Baltimore City, Mary FULL NAME OF (If no OSPITAL OR ISTITUTION		falley St itution, give street address or location	A. STATE 12 Vall	M outside corporate limits, v	before admission)
7	2 dine	Durers	Yrs.	D. STREET ADDRESS	If rural, give location)	rat
c.	Length of stay in Balt		Mos. Days			0-01
5.	Male Wh	7 WID	GLE, MARRIED, OWED, DIVORCED (Specify	Se w 17-1872	9. AGE (in years libin last birthday) Month	ler I Year II Undai 24 Hours Days Hours Min.
worl	A. USUAL OCCUPATION (k doneduring most of working life, ev	en if retired)	IND OF BUSINESS OR INDUSTRY		more Ma	WHAT COUNTRY?
13	FATHER'S NAME	esperus		14. MOTHER'S MAIDEN		
is (Ye	6. WAS DECEASED EVER IN U. 8, no or unknown) (If yes, give	J. S. ARMED FORCES war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	12 w Valle	GRESS 4SL
	18. 260 X		CAUSE	OF DEATH	Ú	INTERVAL BETWEEN
	DISEASE OR CON LEADING (This does not mean t heart failure, asthenia, injury or complication	TO DEATH he mode of dying, etc. It means the di	e.g., (A) M	rouic my	ocardeles	5 yes
z	ANTECEDE	NT CAUSES	(B)	Mence di	eleroses	10 40
TIFICATION	DISEASES OR COND RISE TO THE ABOVE C UNDERLYING COND	AUSE (A) STATING	IVING	abeles Me	Clilas	3 yrs
CERT	OTHER SIGNIFICAN TRIBUTING TO THE DE TO THE DISEASE OR (ATH, BUT NOT RE	ATED			
L	19A. DATE OF OPERATI		OR FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT, SUICIE HOMICIDE (Specify)		PLACE OF INJURY (e. g., me, farm, factory, street, office bldg.		(If in Baltimore City, give	
M	of INJURY (Month) (Da	ay) (Year) (Hour)	21E. INJURY OCCURE		RY OCCUR?	
	22. I hereby certify t	hat I attended	the deceased from	1950, to		that I last saw the
	deccased alive on 23A. SIGNATURE	Jul Ha		rred at 1-10 Am., from 23B. ADDRESS		date stated above. 23c. DATE SIGNED (1)
TI	ON, REMOVAL (Specify)	DATE 4,1950	24C, NAME OF CEMET	ERY OR CREMATORY 24D	Ballmou	county) (State)
D	ATE RECEIVED BY REG	GISTRAR'S SIGN	ALTURE .	25. FUNERAL DIRECTO	Field 9006.	Biddle St
1	: =====================================		5.4 P 7			61



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

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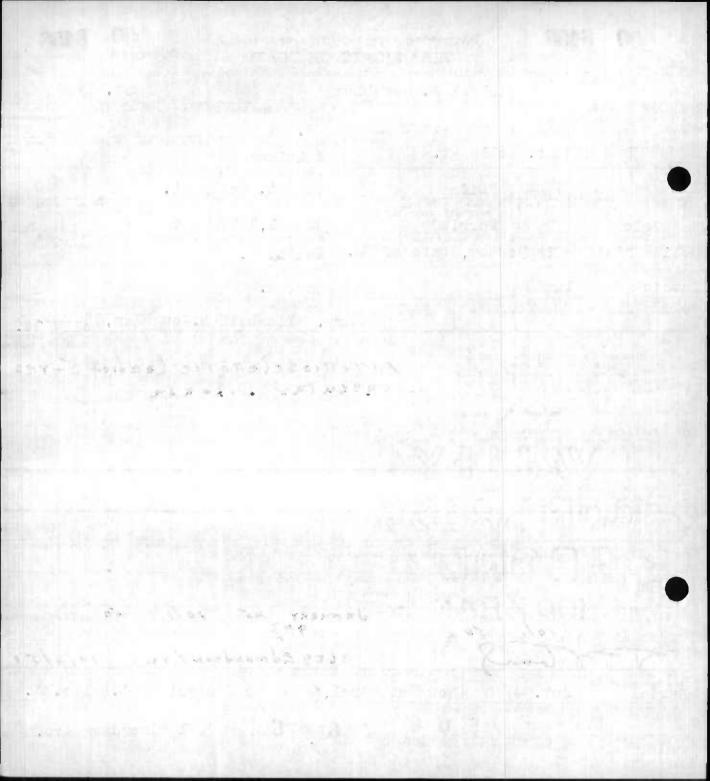
B	IRTH NO.			OLIVIN 107VII	E OI DEATH		
1 ('	NAME OF D	Julia S. Vo	11			2. DATE OF 10/1/	50
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION418 Dennis on St.					4. USUAL RESIDENCE (VA. STATE INC. C.CITY OR TOWN (INC. DAILTIMORE)	B. COUNTY	institution: residence before admission) ts, write RURAL and give township)
				Yrs. Mos.	o. STREET ADDRESS (If		-07
	Length of s . sex Female	tay in Baltimor	7 CINCLE	Days E. MARRIED. (ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	M Under Year M Under 24 Hours Min.
WOE	DA. USUAL OC	CUPATION (Give kind of for working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
1:	James S	aund ers			Mary E. Wis		
(Y	5. WAS DECEASI	ED EVER IN U. S. ARMED (If you, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Miss Angela M.		Dennison St
ERTIFICATION	heart failu injury or DISEASE: RISE TO T UNDERLY	LEADING TO DEAT of not mean the mode of re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication which is the complete of the complete comple	f dying, e. g ns the diseas nused death ES F ANY, GIVIN STATING TH ST.	(B)(C)		with	
U	19A. DATE C	ISEASE OR CONDITION	CAUSING I	т	ATION cum with metastas	sis.	20. AUTOPSY?
IEDICAL	21A. ACCID	ENT WAS UNDER-		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
M	ID. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID INJUR	Y OCCUR?	
		live on Oct. 1		and that death occur	y 20th , 19 50 to 00 red atll: 27 In., from t 38. ADDRESS 1120 St. Paul St.	he causes and on t	
TI	4A. BUSIAL. ON, REMOVAL (S Burial ATE RECEIVE OCAL REGIST	D BY REGISTRAR	50 1	24c. NAME OF CEMETE New Cathedra	RY OR CREMATORY 24D. L	ocation (City, town ederick Rd.	, or county) (State)
C	T - 13 1951) very		CALLET STATE OF THE STATE OF TH	Hary N. Ull	The state of the s	46E



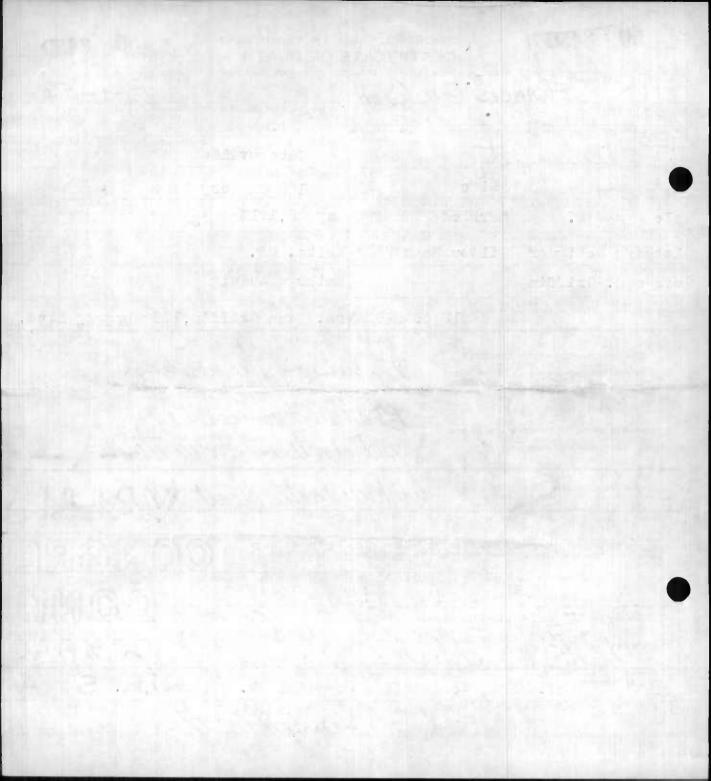
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0	- 2	45	2.5
BIRTH	NO.		
1 NIAN	E OF D	CEACED	

50 9450

CERTIFICATE OF DEATH Registered No.).————
1. NAME OF DECEASED (Type or Print) Michael A. Ooughlan Oct.	1/50
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION 822 Mt. Holly St. 4. USUAL RESIDENCE (Where deceased lived. If in a STATE B. COUNTY Md. C. GITY OR TOWN (If outside corporate limits, Daltimore)	before admission)
c. Length of stay in Baltimore Life Yrs. Mos. Days D. STREET ADDRESS (If rural, give location) 822 Mt. Holly St.	- 02
WIDOWED, DIVORCED (Specify) May 21.1877 last birthday) Mon Married Way 21.1877	nder I Year If Under 24 Hours ths: Days Hours Min.
Totion Picture Thispector, State of Balto.Md.	2. CITIZEN OF WHAT COUNTRY?
Patrick Coughlan Mary E.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or detee of service) 16. SOCIAL SECURITY NO. ITS. Elizabeth M. Coughlan, 18. 42 2 // CAUSE OF DEATH	822 Mt 101
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.	
. 19a. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) F INJURY 21a. ACCIDENT WAS UNDER. about home, farm, factory, street, office bidg., etc.) 1NJURY OCCUR? 21c. WHERE DID 1NJURY OCCUR? 21c. HOW DID INJURY OCCUR?	ve exact location)
	that I last saw the date stated above. 23c. DATE SIGNED
24a. Burial. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or TION, REMOVAL (Specify) Burial Oct. 4/50 New Oathedral, 4/200 Old Frederick Rd. I	
OCTVs. 180 950 Mustington / Musuus 1 1 2 10 9 2	son Ave.



11 (3-61	5			Y	
B	IRTH NO.	8459		EALTH DEPARTMENT E OF DEATH	Registered N	84.59
1	. NAME OF D Type or Print)		NCIS GRIFFIN		2. DATE OF DEATH /O-	1-50
	. PLACE OF D. Baltimore		•	4. USUAL RESIDENCE (W		institution : residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hos	pital or institution, give street address or location)		Salla,	s, write RURAL and give
	NSTITUTION	Univer	inty	Catonsvill		
C	Length of s	tay in Baltimore	Life Yrs. Mos. Days	o. STREET ADDRESS (If	rural, give location)	
11	ale	6. COLOR OR RAC	7. SINGLE, MARRIED,	May 25,1916	9. AGE (In years last birthday) Mo	Under 1 Year If Under 24 Hours nths Days Hours Min.
78	doordyring most	CUPATION (Give kine of working life, even if retire Des 18m er	od 108. KIND OF BUSINESS OR INDUSTRY	Balto. Md.	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	eorge G	. Griffin		14. MOTHER'S MAIDEN N. Kathryn Ludwig	AME	
1 (Y	5. WAS DECEAS es, oo or uoknowo)	(If yes, give war or d	lates of service)	17. INFORMANT Irs. Nina Griff		onsville id
RTIFICATION	(This does heart failus injury or DISEASE:	SE OR CONDITION LEADING TO DE not mean the mod ire, asthenia, etc. It is complication which ANTECEDENT CA S OR CONDITIONS HE ABOVE CAUSE (VING CONDITION	USES I, IF ANY, GIVING A) STATING THE LAST. (A) (A) (B) (B) (C) (C)	noney ken reciel varies al stensis, a	ites ortic stenor	
CER	TRIBUTING TO THE O	IGNIFICANT CON TO THE DEATH, BU ISEASE OR CONDITI OF OPERATION	IT NOT RELATED	umatic Hear	t thise	20. AUTOPSY?
AL		0				YES NO
MEDICA		ENT WAS UNDER R CONTRIBUTING DEATH		etc.) 21C. WHERE DID (I	if in Baltimore City, g	rive exact location)
	F INJURY	(Month) (Day) (Ye	WHILE AT NOT WHILE		OCCUR?	
	22. I hercb	y certify that I c	attended the deceased from 9	2-27 1950 to 16	9- / 195	Chat I last saw the
	deceased a	live on 19 -	, 19 32, and that death occur	rred at Am., from to	he causes and on th	e date stated above.
2	4A. BURIAL	we Ill.	Wullerid M.O.	238 ABDRESS LINUCISELL ERY OR CREMATORY 240.	Dosp	23c. DATE SIGNED 10-1-30 or county) (State)
I	on REMOVAL (S	oct.4	1	Memorial Pk.	Dorsey, 16.	or country) (State)
	ATE RECEIVE OCAL REGIST		RISTSIGNATURE OF THE	25. JUNERAL DIRECTOR	flesson B	ADDRESS
DO	7 .vs31505	0	03340	f	9	2 2



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OLLENBERG DEATH/ 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) C CITY OR TOWN . (If outside corporate limits, write RURAL and give Maryland Yrs. Mos. c. Length of stay in Baltimore Days 7 SINGLE, MARRIED 6. COLOR OF RACE WLDOWED DIVORCED (Specify last birthday) Months Days Hours : Min. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign cour 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNT Honsowik 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. erebual arteriouserois OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID HOMICIDE (Specify) about home farm factory street office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? deceased alive on 2 2, 1950, and that death occurred at 3:30 m. from the 22. I hereby certify that I attended the deceased from DA __, 19_D, that I last saw the

om., from the causes and on the date stated above.

23c. DATE SIGNED eumone

24A. BURIAL, CREMA-TION REMOVAL (Specify)

24C. NAME OF CEMETERY DR CREMATORY

purial DATE RECEIVED BY

REGISTRAR'S SIGNATURE

. State . may you

25. FUNERAL DIRECTOR ring/ heles

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Smith George DEATH 9/28/50 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland /30 B. COLVITY before admission) (If not in hospital or institution, give street address location) HOSPITAL OR If outside corporate limits, write RURAL and give INSTITUTION Yrs. Mos. c. Length of stay in Baltimore Davs SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | If Under | Year | If Under 24 Hours last birthday) | Months; Days | Hours; Min. If Under T Year H Under 24 Hours WIDOWED, DIYORCED (Specify) June BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10B. KIND OF 12. CITIZEN OF work done during most of working INDUSTRY 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknowu) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Hypertensive Cardio-vascular LEADING TO DEATH (This does not mean the mode of dying, e.g., treated 3 months heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES Hypertension ERTIFICATION DISEASES: OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Generalized arthritis, malnutrition TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT 22. I hereby certify that I attended the deceased from June 6, 1950, to Sept 28, 1950, that I last saw the deceased alive on Sept 26, 1950, and that death occurred at 3, 40 AM from the causes and out to the last saw the 23A. SIGNATURE 23c. DATE SIGNED Lanvale Street 24A. BURIAL, CREMA-DATE RECEIVED BY LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT

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Re	gistered	No.

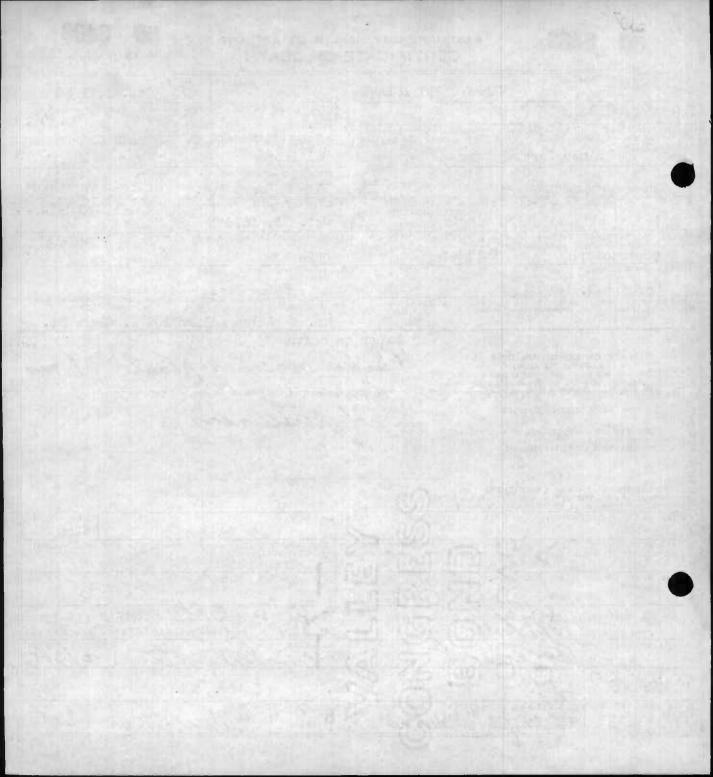
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Margaret Holoide Somerize	11e 2. DATE OF DEATH 10-2-50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
Hospilal for Women of Mary and	Stevenson township)
C. Length of stay in Baltimore Yrs. Mos. Days	STEVEN SON Read
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours Min.
10% USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done doring most of working life, even if relired) INDUSTRY	Wisconsen
Fredrickde horne.	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(11 yes, give war or dates of service) SECURITY NO.	my Im Somewelle Stevenson Kd.
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	tinal obstruction?
	11 1 - 472 >
DISEASES OR CONDITIONS, IF ANY, GIVING	rathernia on left & Adhosons?
THE PERSON NAMED OF THE PERSON NAMED IN THE PE	
Underlying condition last.	
OTHER SIGNIFICANT CONDITIONS CON. GENERALIZE	d'Arteriosclerosis; Arteriosclerotic cute Pulmonary edema; Terminel broncho-
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION PREMIUM 20. AUTOPSY?
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (o. g.,	
HOMICIDE (Specify) about home, farm, factory, street, office bldg.	etc.) INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY WHILE AT NOT WHILE	
m. WORK AT WORK	1-2-, 1950, to 10-2, 19 59 that I last saw the
deceased alive on 10 - 2 -, 19 50, and that death occu	rred at 9:300, m., from the causes and on the date stated above.
23A. SIGNATURE Successed M.D.	Warren's Hospital 23c. DATE SIGNED 10-2-50
240. BURIAL, CREMA- TOR, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAT'S SIGNATURE	25 FUNERAS DIRECTOR ADDRESS
DCT - 2 1050	28 Kuck- 5305 Harford Kd
VS 150	11220

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BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No	
1.	NAME OF I	DECEASED			10.000	2. DATE		
	'ype or Print)		HARRY	GRANT LELAND			1, 195	
	Baltimore	City, Maryland			4. USUAL RESIDENCE () A. STATE	Where deceased lived, In B. COUNTY		residence re admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)		f outside componete limi	n Div	7) 4 7
11	ISTITUTION	Shriner Nursi	ng Home	9	Baltimore	f outside corporate limi	- Mil	township)
			0	Yrs.	o. STREET ADDRESS (If	rural, give location)	U 4.	
Ç.	Length of	stay in Baltimore		Mos. Days	314 E North A	ve.		
5	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) M		If Under 24 Hours Hours: Min.
	male	white	sing		Oct. 11, 1866	83	Ontins, Days	Min.
		CCUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or f	oreign country)	12. CITIZ	EN OF
	Contr	actor	Buile	der	Ohio			CODIVINI
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME		
		rt S. Leland			Mary Helen Fis	k		
(Ye	, no or unknown	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	ADDRESS	
	_			none	Mr. C Ralph L	eland 107 E.	Chase	St.
	18.	442X		CAUSE	OF DEATH			AND DEATH
	DISEA	SE OR CONDITION	DIRECTLY	(0	P: 2200 P.	. A. O	/	
	(This doe	es not mean the mode oure, asthenia, etc. It mea	of dying, e.	g., (A)	lis mescula	Mark		Mes
		complication which		h.) DUE TO an	elast,			
		ANTECEDENT CAUS	SES	9	1 sertens	•		
Z	DISFASE	S OR CONDITIONS, I	E ANY CIVII	(B)	gumes	72		*****
Ē	RISE TO	THE ABOVE CAUSE (A)	STATING T					
C	ONDENE	TING CONDITION E						
보		11		(C)				
ERTIFICATION		SIGNIFICANT COND						
Ū	TO THE	DISEASE OR CONDITION	CAUSING		PATION		1 20 4	AUTOPSY?
AL	ISA. DATE	OF OPERATION O	98. WAJOR	FINDINGS OF OPER	KATION		YES	No D
EDICAL		ENT. SUICIDE.		ACE OF INJURY (e.g., i		If in Baltimore City,		
	HOMICIDE	(Specify)	about home,	farm,factory,street,office bldg.,e	etc.) INJURY OCCUR?			
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
	FINJURY		m.	WHILE AT NOT WHILE				
	22. I herei	by certify that I att	-		nt 12 1950, to 6	Jet / 191	T that 11	ast saw the
	deceased a	live on Sent	919.17	and that death occur	rred at 2 Pm., from t			
	23A. SIGNA	TURE	7 -	/ 2	38. ADDRESS	1 11		TE SIGNED
		CA PARCE	uc		4110 Lebert	2 86	10/	2/20
71 TI	4A. BURIAL, ON, REMOVAL (BULL) A	Specify) 248. DATE 10/4/50		24c. NAME OF CEMETE Loudon Park (CATION (City, town	n, or coupty)	(State)
l						., Md.	7	2
	ATE RECEIVE	TRAR	Am Al	11 • [] [] []	25 FUNERAL PRECTOR	la cattle	ADDRESS	100
M	T - 3 195		1/04- /14		1. W. 1. W.	venus VXV	W = C	acy,
	VS 150	1 -3/40 O(4)	- mr. 3,2	۱۳۰۰ و ۱۳۰۱ و ۱۳۰۱ و ۱۳۰۱ و ۱۳۰۱		1-	210	ma-
						1=	312	



	J.5:	200	846	4 BAI	LTIMORE CITY HI			Registered	No.	34
	NAME OF	DECEASED								
	Type or Print)	DECLASED	PAU	JL.	JONE	S		of eath Octol	ber 1.	1950
A	. PLACE OF E Baltimore	City, Mary			City ion, give street address or	4. USUAL RESIDA. STATE Marylan	DENCE (Where d		f institution	
	OSPITAL OR NSTITUTION	*		cins Ho	location)	c. CITY OR TOW Baltimo	re	e corporate lim	its, write RU	RAL and give township)
		stay in Balt		Life	Yrs. Mos. Days	D. STREET ADDR	RESS (If rural, a llen Stres		1.5	
5	Male	6.COLOR C		7. SINGLI	E, MARRIED, /ED, DIVORCED (Specify) B 10	8. DATE OF BIRT	To.	SE (In years st birthday)	If Under 1 Year Ionths Days	H Under 24 Hours Hours Min.
1 (A. USUAL OC k done during most Porter	of working life, ev-	Give kind of en if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Baltimo		country)	U.S.A	EN OF
1:	3. FATHER'S	NAME				14. MOTHER'S M	AIDEN NAME			
	John		Jones			Amy	Payne			
1! (Ye	5. WAS DECEAS	ED EVER IN U	S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
Ì	Yes	War			SECONITY NO.	Margret J	ones IO3	I Hill	en St	
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Bullet wound of abdomen (B) Internal hemorrhage Underlying Condition Last. (C)									
RT	TRIBUTIN	SIGNIFICAN G TO THE DEA DISEASE OR C	ATH, BUT	NOT RELATE	ED					
S		OF OPERATION			FINDINGS OF OPER	ATION			20.	AUTOPSY?
AL									YES	
MEDICAL	UTING []	NAL CAUSE IG M OR CO CAUSE OF (Month) (Da 1, 1950	DEATH.	(Hour)	ACE OF INJURY (e. e., if it is a factory, street, office bldg., if it is a factory, street, office bldg., if it is a factory, street, office bldg., if it is a factory in a factory is a factory is a factory in a factory in a factory is a factory in a fa	Found s				
22. I certify that I took charge of the remains described above, held an Autopsy Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on to and death in my opinion resulted from: natural causes , accident , suicide homicide , suicide , homicide , assistant MEDICAL EXAMINER								hc day st undetermi 3c. DATE S	ned [].	
TI	AA. BURIAL, OH. REMOVAL (S SULLA ATE RECEIVE OCAL REGIST	CREMA- 2/48 Specify) / 5-	DATE	S SIGNATU	the processing the	RY OR CREMATORY	Bush	lyn)	ADDRESS	0
U	C 151 3 10	N86	3,2		780	5 M	mary)	· · · · · · · · · · · · · · · · · · ·	166	V

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Schoole P. BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

В	IRTH NO.		CERTIFICAT	E OF DEATH	Registered	140
1. (7	NAME OF DECEASED (Type or Print)	therin	e 50	chooler.	2. DATE Se	ptember 30
	PLACE OF DEATH: Baltimore City, Marylan	d		4. USUAL RESIDENCE (V	here deceased lived. B. COUNTY	lf institution : residence before admission)
B.	FULL NAME OF (If not in	hospital or institut	tion, give street address or		slands	
11	POCT MOITUTITE	SAMARI	TAN IOCACION)	C. CITY OR TOWN	outside corporate lin	nits, write RURAL and give
7	1) 274. Carry	11 / tom	Yrs.	D. STREET ADDRESS (If	rural, give location)	63-03
C	Length of stay in Baltim	ore Liles	Mos. Days	1725 04	Inve St	
	SEX 6. COLOR OR	RACE 7. SINGL	E. MARRIED. VED, DIVORGED (Specify)	8. DATE OF BIRTH		H Under 1 Year H Under 24 Hours Months; Days Hours; Min.
Z.	emale White	ne.	Lowed	Oct 20, 1881	68	Toltas Days Hours Mill.
WOF	A. USUAL OCCUPATION (Give k done during most of working life, eyen If	kind of 10B, KINE retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
15	B. FATHER'S NAME			Mayland		yes.
1	PATHER'S NAME B	01		14. MOTHER'S MAIDEN NA	AME	
15	5. WAS DECEASED EVER IN U.S.	ARMED FORCES?	16, SOCIAL		7	
(Ye	a, no or unknown) (If yes, give war	or dates of service)	SECURITY NO.	Mus. Carrie Reich	ed 360	6 Edgwood R.
	18. 420.0		CAUSE	OF DEATH	LAD! Tre	NTERVAL BETWEEN
	DISEASE OR CONDI-			ONIC MYOCA		2
	(This does not mean the heart failure, asthenia, etc.	mode of dying, e.	g., (A) WiTY.	MYOCARDIAC	Degener	4170W .
	injury or complication w	hich caused deatl	h.) DUE TO			
7	ANTECEDENT	CAUSES	ART	enioscleretic	Hrust	- 3
Ö	DISEASES OR CONDITION			Disease		
CAT	UNDERLYING CONDITI				1 +	
FIC			10 GEV	renalized/	treTerioso	lenesi's
ERT	OTHER SIGNIFICANT					
CE	TRIBUTING TO THE DEATH TO THE DISEASE DR CDN	DITION CAUSING	IT	······································		
AL	19A. DATE OF OPERATION	D 19B. MAJOR	FINDINGS OF OPER	RATION		YES ND
OIC.	21A. ACCIDENT, SUICIDE.		ACE OF INJURY (e. g., i		f in Baltimore City	, give exact location)
1EDI	HOMICIDE (Specify)	about nome,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
	21D. TIME (Month) (Day) DF INJURY	(Year) (Hour)	21E. INJURY OCCURR		OCCUR?	
		m.	WHILE AT NOT WHILE AT WORK			
				NUMPY 1, 1950, to SI		
190		-29,1950,		rred at 9.15 Am., from t	he causes and on	
	23A. SIGNATURE	1. Bore	len M.D.	2030 W. 70	yette St	1 23c. DATE SIGNED
2 TI	4A. BURIAL, CREMA- 24B. D	ATE	24c. NAME OF CEMETE	RY DR CREMATORY 240. L	OCATION (City, tow	
_	Durest Co	07,1950	DO Tel	ess Emeley 150	allimore	Mac
	ATE RECEIVED BY REGISTOCAL REGISTRAR	TRAR'S SIGNATU	JRE	25. FUNERAL DIRECTOR		ADDRESS 1 20
-	07 03050	to to M	Linus Quest	MMGOORIUM	1217	Worand Of
U	CIve 34950	0	The state of the s			937
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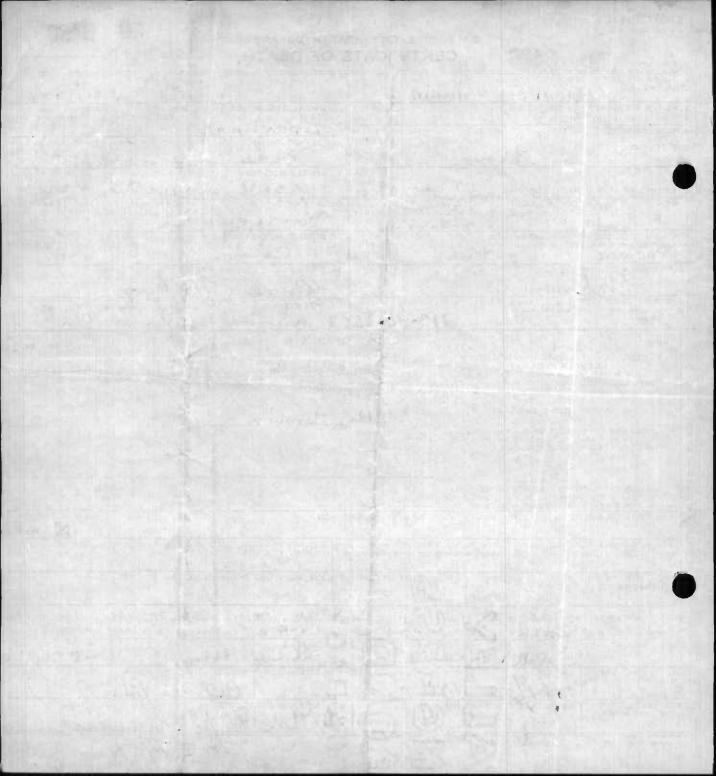
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BALTIMORE CITY HEALTH DEPARTMENT

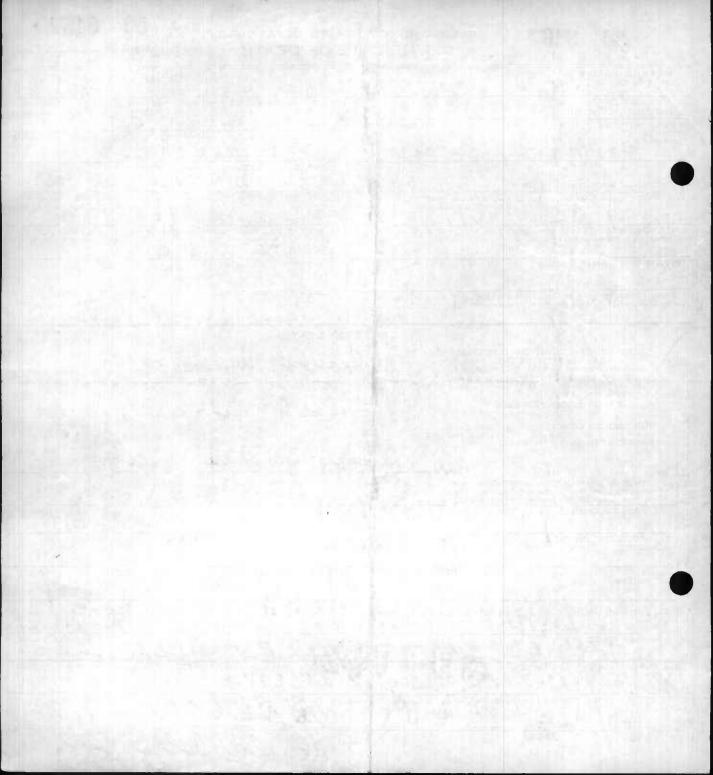
CERTIFI	CATE	OF	DEATH	

Registered No.

-							
	NAME OF D	MASAIT	12.40	hie		2. DATE OF DEATH	at 30, 195 d
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDEN	CE (Where deceased lived, B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or			MARYH	AND DO	Climbre		
	STITUTION		1	location	C. CITTOR TOWN	. 1	nits, write RURAL and give
	5 3	unan T	1000	Yrs.	D STREET ADDRESS	(If rural, give location)	NGALK
	Length of s	stay in Baltimore	17	Mos. Days			wa # 22
	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED	8. DATE OF BIRTH	9. AGE (In years)	ff Under 1 Year ff Under 24 Hours
	F	W	~~	D, DIVORCED (Specify	nov 24,1		Months Days Hours Min.
10 worl	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND C	F BUSINESS OR INDUSTR	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S			U	14. MOTHER'S MAID	EN NAME	
N	0	Interious	1		anna.	Mreken	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
	no		0	13-30-66	52 Husban	d 236 Ylover	view and
	18. 33/	14.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	A			ONSET AND CEATE
	heart failt	s not mean the mode oure, asthenia, etc. It mea	of dying, e.g., ans the disease,	(A) DUE TO	alral Hams	a parlu	10days
		ANTECEDENT CAUS					
Z				(B) H	regularian		
TION	RISE TO 1	S OR CONDITIONS, I	STATING THE	DUE TO			
RTIFICA	UNDERL	YING CONDITION LA	AST.				
TIF		Н		(C)	***************************************		
ER	OTHER S	SIGNIFICANT COND	TIONS CON-				
U	TO THE C	DISEASE OR CONDITION	CAUSING IT.	INDINGS OF OPE	PATION		20. AUTOPSY?
AL			ob. mroon 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES NO
EDICAL	21A. ACCIDI HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLAC about home, farm	E OF INJURY (e. g., n,factory,street,office bldg	in or 21c. WHERE DID ,etc.) INJURY OCCUR?	(If in Baltimore City	, give exact location)
Σ		(Month) (Day) (Year)	(Hour) 21	E. INJURY OCCUR	RED 21F. HOW DID IN	NJURY OCCUR?	
	OF INJURY			ORK NOT WHIL			
	22. I hereb	y certify that I att			1	to lost 30, 19	50. that I last saw the
		live on Sout 26				rom the eauses and on	
	23A. SIGNA	TURE	6 0	00	238. ADDRESS	41_	23c. DATE SIGNED
24	A. BURIAL	CREMA- 248 DATE	124	C. NAME OF CEMET	ERY DR CREMATORY 2	4D. LOCATION (City, tow	n, or county) (State)
TIC	N. REMOVAL (S	Specify)	en H	1. R D.	NOTE THE PARTY OF	R. D P.	0
	ATE RECEIVE		S SIGNATUR		25 FUNERAL DIREC	JOR IJO	ADDRESS
L	CAL REGIST	RAR	1 5	000	Popular y	W. Kachen	land
=	1045 159 1	050 Thurster	a/on //	LAULE, MILL	1	7/03 -11	11 00
	101-01	53.1	A	6916	10 0834	2/11 0 011	Nenty St.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE SCOTT (Type or Print) OF ENA 10-1-50 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION ROUIDENT HOSPITAL BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. LEXING/ON Length of stay in Baltimore Des 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. FEM ALE WIDOW 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates nf service) 16, SOCIAL 17. INFORMANT ADDRESS SECURITY NO. MILLEDGE 6 OLPHIN 1624 U.LEXINGTO 18. 32 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 8-30-50 19 to 10-1-50, 19 , that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 16-1 5.99 and that death occurred at_ _m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 0-2-50 BURIAL CREMA-DATE RECEIVED BY ADDRESS LOCAL REGISTRAR VS 150



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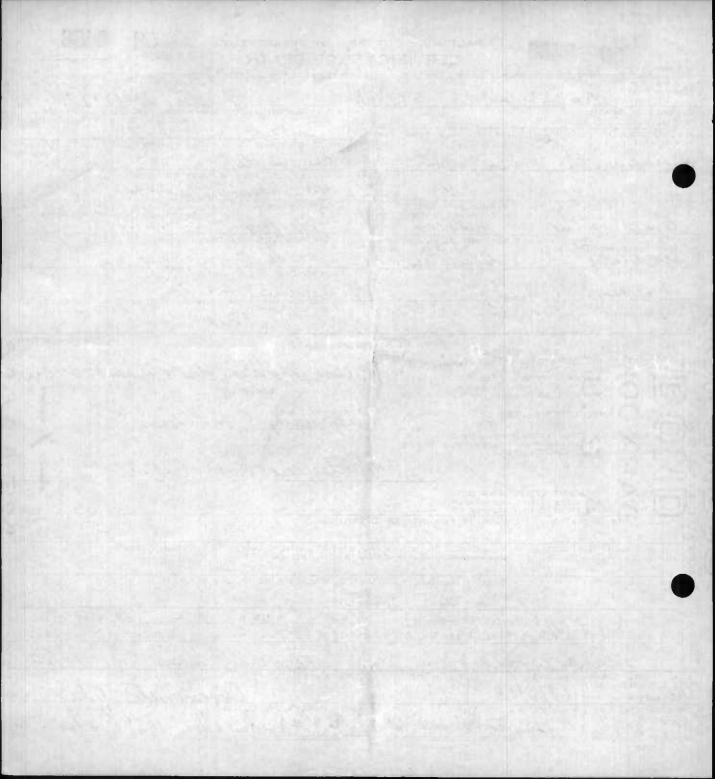
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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

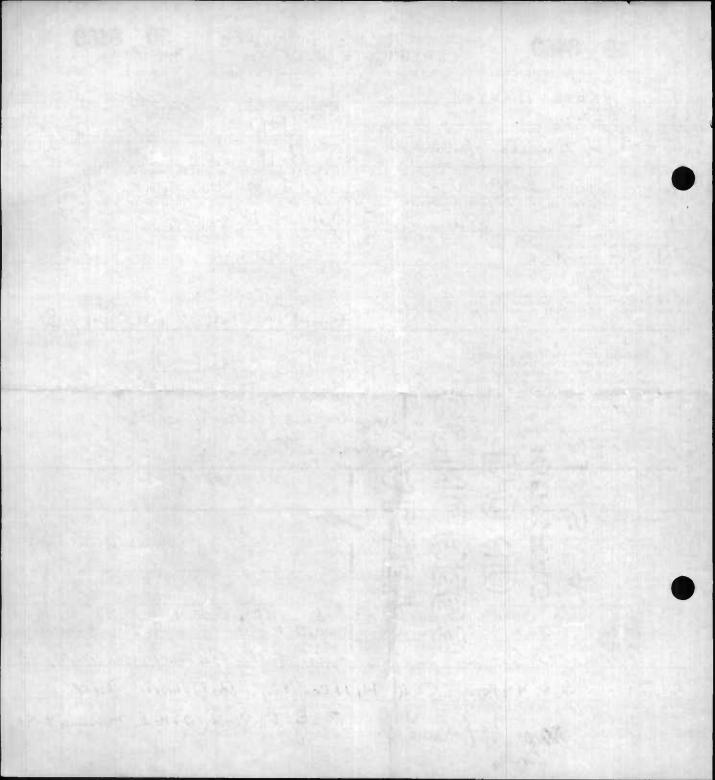
В	BIRTH NO.							
	NAME OF E		CLARA	07+1719		2. DAT OF DEA		2/50
	Baltimore	City, Maryland			4. USUAL RESIDE			nstitution : residence before admission)
В.		OF (If not in hospit	al or institution, g	rive street address or location			1-32	
	STITUTION	in the com	N P	11 -	Cucuus	-/-	rporate limits,	write RURAL and give township)
	1 togs	for our con	un 1	Yron	D. STREET ADDRE		location)	
C.	Length of s	stay in Baltimore	8	Mos. Days	4428 K	familtai	auc	
5.	SEX	6. COLOR OR RACE	7. SINGLE, MA	ARRIED, DIVORCED (Specify	8. DATE OF BIRTH		(In years NU	nder I Year II Under 24 Hours ths: Days Hours: Min.
10	revall	while	sunge		8/19/9	4 5	6	
WOF	k core during most	CUPATION (Give kind of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	state or foreign cou	ntry) 1	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME	HELLER	my	14. MOTHER'S MA	IDEN NAME		
F	Bein	and OIT	1110		anna	Quad		
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES? 16.	SOCIAL	17. INFORMANT	- 7-09-	AD	DRESS
(16	m, eo cr unanown)	(If yes, give war or date	of service)	SECURITY NO.	Va	hend-		
	18. 420.	1		CAUSE	OF DEATH			INTERVAL BETWEEN
	1	SE OR CONDITION LEADING TO DEA	DIRECTLY	Va.	1.101	+	/ -	
	heart fails	s not mean the mode oure, asthenia, etc. It mes complication which	of dying, e.g., ns the disease,	DUE TO	There	bais due	re cuyan	y Sdays
		ANTECEDENT CAUS	ES	P		1	, 7	
Z	DISEASE	S OR CONDITIONS, I	F ANY GIVING	(B)	elmoury	rmod	iem .	
ATIO	RISE TO	THE ABOVE CAUSE (A)	STATING THE	DUE TO				
FIC				14%	utesure	C-Udi	seasi	
RTII	OTHER	II SIGNIFICANT COND	TIONS CON	(C)				4
CEF	TRIBUTIN	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	***************************************	****			
7				IDINGS OF OPE	RATION			20. AUTOPSY?
CA	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in				in or 21c. WHERE D	UD (If in Balt	imore City gi	YES NO Leve exact location)
EDI	HOMICIDE			actory, street, office bldg.			more only, g.	ve exact location;
Σ		(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURE	RED 21F. HOW DID	INJURY OCCUR	17	
h	F INJURY		m. WHILE					
	22. I hereby certify that I attended the deceased from 9/25 1950, to 10/2 , 1950, that I last saw the							
		live on 10/2		that death occu	rred at Y. Pm.			date stated above
	23A. SIGNA	TURE NO 1/2	SIVO		23B. ADDRESS	: 1/2	1	23c. DATE SIGNED
2.	4a. BURIAL.	CREMA- 24B. DATE	124c.	M. D. NAME OF CEMET	ERY OR CREMATORY	in and	(City, town, o	
7	ON, REMOVAL (S	Specify) 10/3/	50			Cincin	wat.	Ohio
D	ATE RECEIVE	TDAD	S SIGNATURE	6.200	25 FUNERAL DIR		new ,	ADDRESS
Ō	CT - 319	50 Chustie	ton Hillia	MA MAR	6. J. Tann	ing v fre	-19386	Infayette a
	VS 150		37	081	1	1		
1			23	,000				0932



BALTIMORE CITY HEALTH. DEPARTMENT

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	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) ALOIS Koutek	OF DEATH / 0 - / - 3 0
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence
Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE MD B. COUNTY before admission)
HOSPITAL OR South Beet Gen. Hospitalion)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
in ways.	13a Himore township)
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore 40 Mos. Days	1 10d h. Luzerne Hue
5. SEX 6. COLOR DR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 9. AGE (In years I Under Year If Under 24 Hours Months: Days Hours Min.
M Widowed	July 4, 18 12 78
10A. USUAL OCCUPATION (Give kind of the total to	11. BIRTHPLACE (State or-foreign country) 12. CITIZEN OF WHAT COUNTRY
Cabinet maker	130 hemia US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph	Vyknowy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT, ADDRESS
, see a see	Emil Moutell SII n. Culty St
18. 443X . CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A)	no Vascular Hemorrhage
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD	
	, , , , , , , , , , , , , , , , , , , ,
ANTECEDENT CAUSES	tensure Cardio Vascular
O DISEASES OR CONDITIONS, IF ANY, GIVING	d. in
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	accident
<u>U</u>	<u>uo-e</u>
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS LINDER. 21B. PLACE OF INJURY (e. g.,	in or 2 IC. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg CAUSE OF DEATH	
2ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 9	/18 , 100, to Oct / , 1950, that I last saw the
	rred at 10 Pm., from the causes and on the date stated above
	238. ADDRESS) 4 23c. DATE SIGNED
I cleam B. Cooper on M.D. 6	with Balls Jonesal Hosp. 10/2/50
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	ERY DR CREMATORY 240 LOCATION (City, Jown, or county) (State)
Surial Oct. 4, 1950 Och Hi	11 Compley Baltimore Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Plety 1. Ovoch 2716 E. monument St.
VS 150 Timbre of Milanis 1965	J'
	0930
Production of the state of the	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8170

0				CERTIFICATI	E OF DEATH	Registered 1	No
_	IRTH NO.					1	
	NAME OF C	FREDERICK	MONROE	SEBRA	1.	2. DATE OF DEATH Oct	ober 3, 1950
A.	Baltimore	City, Maryland			4. USUAL RESIDENCE (WA. STATE Virginia	E COLINITY	institution: residence before admission)
B.	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)		avoum	ts, write RURAL and give
IN	Wyman P	k. Drive & 31	st St.		Fairport	00	township)
		stay in Baltimore	24 da	ys Yrs. Mos. Days	D. STREET ADDRESS (If	V-43	
5.	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. PED, DIVORCED (Specify) Pried	10/5/86		If Under 1 Year
1 C	Pilot	CCUPATION (Give kind of of working life, even if retired)	1	OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF
13	FATHER'S	NAME		00010101	14. MOTHER'S MAIDEN NA	AME	
	Jose	ph Sebra			Lisa Lewis		
15 (Ye	MAS DECEAS	ED EVER IN U. S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	?	(11 301) B110 W11 01 0100	o or sor rice,	230-12-4799	Records- US Me	arine Hospita	al, Balto, Md.
	18. 151	J	91 -7 -		OF DEATH		INTERVAL BETWEEN
1	1 -1	SE OR CONDITION	DIRECTIV				ONSET AND DEATH
		LEADING TO DEA	TH	CARC	INOMA OF TH	E STOMACH	4 NNKDOWN
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES (B) metastalii to pintoneum						
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
5							
E		H.		(C)			
CER	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
,				FINDINGS OF OPER	RATION		20. AUTOPSY?
AL							YES X NO
EDIC	21A. ACCID HOMICIDE	ENT. SUICIDE, (Specify)		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
2	21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY	, , , , , , , , , , , , , , , , , , , ,		WHILE AT NOT WHILE		THE CHAPTER	
			m.	WORK AT WORK		N 1 172 1	
M	22. I herel	by certify that I att	tended the	deceased from Se	9 , 1950, to C	oct. 3 , 19	50 that I last saw the
	deceased a	live on Oct. 3	_, 19_50	and that death occur	rred at 1818P m., from t	he causes and on t	
	28A. SIGNA	TURE F. LO	une	M. D.	US Marine Hospite	al, Balto, Mo	10/3/50
2. TI	AA. LBURIAL, ON, REMOVAL (CREMA- 24B. DATE Specify)	5-50	4c. NAME OF CEMETE	RY OR CREMATORY 24D. L	PRANICITY, today	o, or county) (State)
	ATE RECEIVE	TRAR	SSIGNATU	DREO ()	25 FUNERAL DIRECTOR	no of	ADDRESS Plan
Ш	:T - 4 19F	J. January	111 -10-18	MILE INC.	om O muchis	10mo 1900	Julaw V sace

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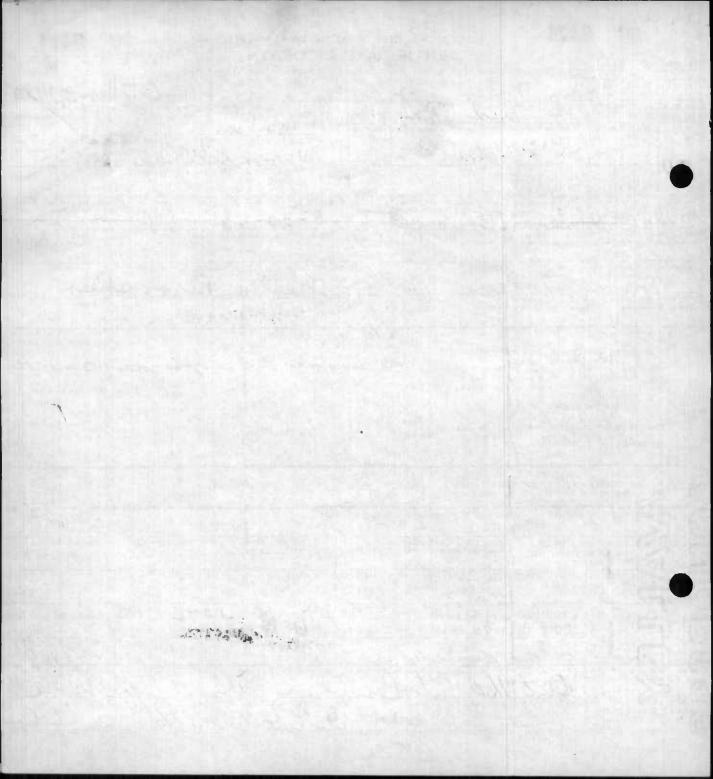
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CD4 . ***********************************			
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			Theory (Light) is a 1
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Leaven Art	Asimal to surrecell		
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	* 加工中产品管理		
	STATE OF THE PARTY		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No....

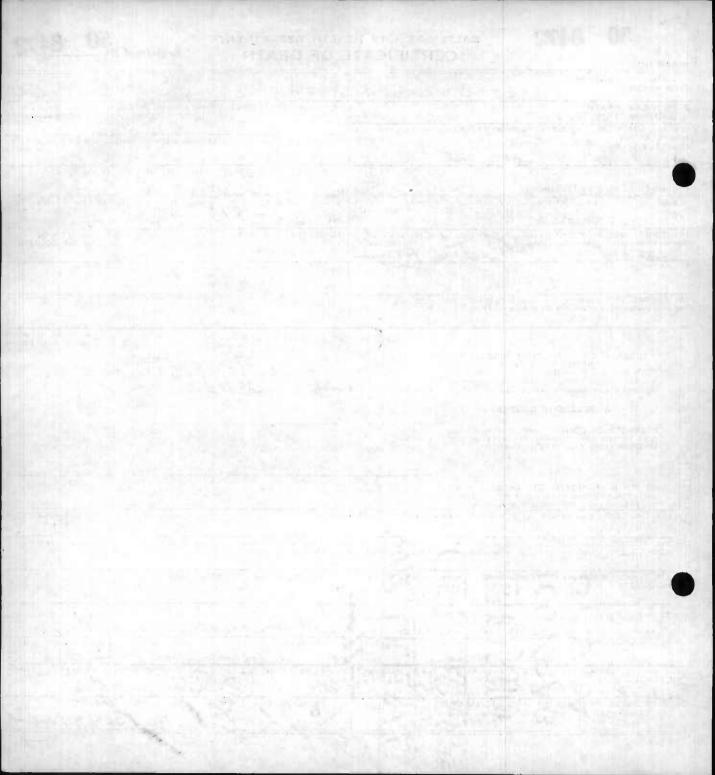
В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered .	NO
	NAME OF Type or Print)		7 olen			2. DATE OF DEATH OCT	Den P. 1950
Α.		City, Maryland		Thayz	A. STATE	E (Where deceased lived. If	institution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	UHRS HUPE	nospital or institution	on, give street address or location)	c. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and give
-	33			Yrs,	D. STREET ADDRESS	nelippe	township)
c.	Length of	stay in Baltimo	re	Mos. Days	B. STREET ADDRESS	(If rural, give lication)	
7	hale	White	WIDOW!	, MARRIED, ED, DIVORCED (Specify)	5-30-9		M Under 1 Year ht Under 24 Hours on the Days Hours Min.
rorl	k done during mos	CCUPATION (Give) tof worklog life, even if re	kind of 10B, KIND (0)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country;	12. CITIZEN OF WHAT COUNTRY?
13	A FATHER'S	NAME	. D		14. MOTHER'S MAIDE	N NAME	1
15	5. WAS DECEA	SED EVER IN U.S. A	RMED FORCES?	16. SOCIAL	17. INFORMANT	, 12000	DDRESS
10	m, no or uekeewo	(11 yes, give wer o	or dates of service)	SECURITY NO.	ALING CHIEF	TUD BARTITH.	DURESS
	18. 150	X		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This doc	LEADING TO es not mean the m ture, asthenia, etc. It complication who	DEATH ode of dying, e.g. t means the disease		inoma sf.	esoplague	- 3 month
	mgury or	ANTECEDENT O		DUE TO			
CATION	RISE TO	ES OR CONDITION THE ABOVE CAUSE LYING CONDITION	(A) STATING THE	(B) DUE TO (C)			
CERIL	TRIBUTIN	SIGNIFICANT CO G TO THE DEATH, DISEASE OR CONDI	BUT NOT RELATED				
AL	19A. DATE	OF OPERATION 2	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
EDIC		DENT WAS UNDE OR CONTRIBUTIN DEATH		CE OF INJURY (e. g., in rm, fectory, street, office bldg.,		(If in Baltimore City,	
2	ID. TIME	(Month) (Day) (w	1E. INJURY OCCURR	ED 21F. HOW DID IN.	TURY OCCUR?	
	22. I here	by certify that I	I attended the d	leceased from	1-24, 150, to	10-2 ,1950	2, that I last saw the
	deceased of	live on 10-	P , 1950 a	and that death occur		m the causes and on t	he date stated above.
	Res	100 B	me Kun	ich M.D.	38. ADDRESAS KUPAIS		10/3 50
24 TIC	AA. BURIAL. ON, REMOVAL (Specify, O.C.	64/50	4C. NAME OF CEMETE	Cem 2	D. LOCATION (City, town	or county) (State)
	ATE RECEIVE		RAR'S SIGNATUR	Miliane, M.	25 FUNERAL DIRECT	engl Home	2004 Ollen
	VS 150		4	6502	1		046a



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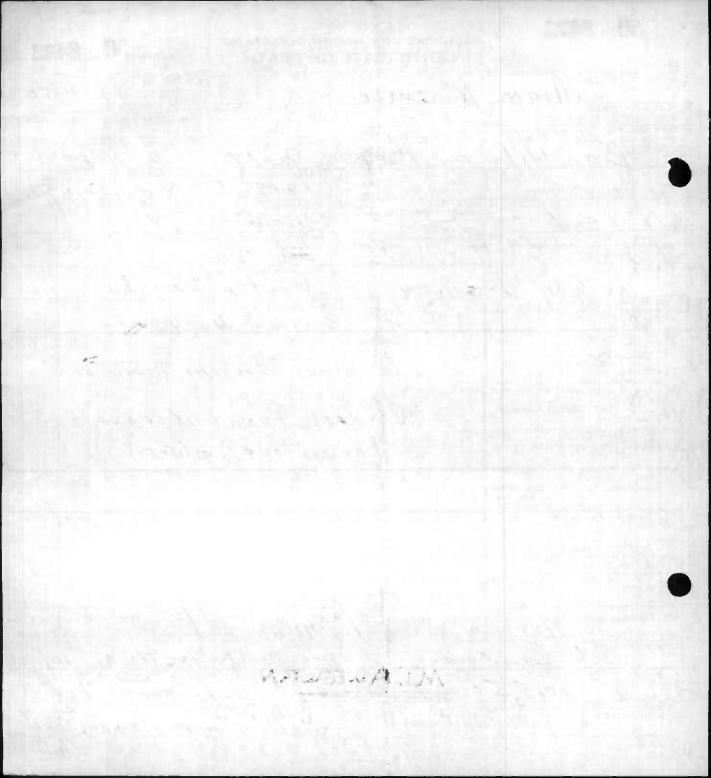
ВІ	RTH NO. CERTIFICATI	E OF DEATH	Registered No.	04/2
	NAME OF DECEASED ROBERT EDWARD KI	FYSEK	2. DATE OF DEATH / C	Der 50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Wh		titution : residence before admission
В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Good Samarian Hospitalon)		utside gorporate limits, w	
	(27 N. Carcy 80	Balto.	6-05	township
	Yrs.	D. STREET ADDRESS (lf ru	ral, give location)	
	Length of stay in Baltimore Days	35 h. Carry		
7	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	2-28-1876	9. AGE (In years H Und last birthday) Month	ot 1 Year II Under 24 Hours Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 1918) KIND OF BUSINESS OR looeduring most of work log life, even if fetired to the look of t	II. BIRTHPLACE (State or fore	eign country) 12	CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	IE D	
15 (Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? , no or ooknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
	18. 1774 CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	OF BEATH		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	roma of the	prostate	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	with some last	40 -	
	ANTECEDENT CAUSES	of the last of the	~~	
Z	(B)	***************************************	***************************************	
) E	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
V	UNDERLYING CONDITION LAST.			
RTIFICATION				
ERI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
Ü	TO THE DISEASE OR CONDITION CAUSING IT.		•••••	
AL	19a. DATE OF OPERATION	ATION		20. AUTOPSY?
Ū	21a. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in	n or 21c. WHERE DID (If	in Baltimore City, give	YES NO exact location)
EDIC	HOMICIDE (Specify) about home, farm, factory, street, office bldg., e			
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from 30	lug, 1950, to 1	Oct 1050,	hat I last saw the
	deceased alive on 30 Sept, 1950, and that death occur	red at 12 Novan from the		
				3c. DATE SIGNED
	Coul A. Venning Je M.D.	001 Winaus	Way :	1 QCX-50
114	A. BURIAL, CREMA- 24B. DATE PAC NAME OF CEMETE	RY OR CREMATORY 240, LOS	ATION City, jown, or	odinty) (State)
E	YE RECEIVED BY I REGISTRAR'S SIGNATURE	25 EMNERAL DIRECTOR	(CS 1, M)	DDRESS(
	CAL REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	1 8 130	Uh Polis
_		John Des	41/2100	P. III
	77092		00	-1-6



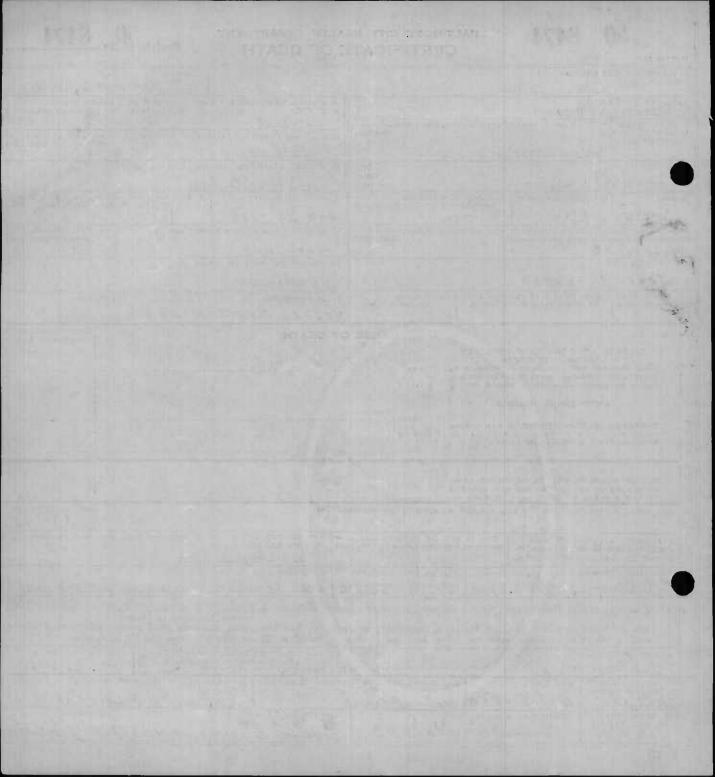
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

_	RIH NO.	
(7	NAME OF DECEASED // 19M MC Guire	2. DATE OF DEATH 9/30/50
A.	PLACE OF DEATH: Reltimore City Maryland B - / +	A. USUAL RESIDENCE (Where deceased lived, If Institution, residence B. COUNTY before admission)
H	STILL NAME OF (If not in hospital/or institution, give street address or OSPITAL OR (10 not in hospital/or institution, give street address or OSPITAL OR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
1	Bar Wil Ba Home	Balto. 10-02 township)
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (11 years) If Under 1 Year If Under 24 Hours
1	4/8 CO WIDOWED, DIVORCED (Specify)	6-11-1882 9. AGE (In years fi Under 1 Year If Under 24 Hours Months Days Hours Min.
wor.	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOHN MEGUIRE	Marthy Smilh,
(Ye	(If yee, give war or dates of service) 16, SOCIAL SECURITY NO.	BAA. WILL BA. Howl
	18. 442X . CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	a b
	(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	MINAL Broneho- MEYNOWIP
	injury or complication which caused death.) OUE TO	
z	ANTECEDENT CAUSES	00- Kenal- disease 24xx
10	DISEASES OR CONDITIONS, IF ANY, GIVING	
CA	UNDERLYING CONDITION LAST.	ngestive tailure.
TIF		
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED	
0	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
CAI		YES NO L
MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING INJURY WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from	122 1950 to 9/30, 1950, that I last saw the
	deceased alive on 9/19, 1950, and that death occhr	red at 12 pm., from the fauses and on the date stated above.
	23A. SIGNATURE Lacker M.O.	600 - N- GY/ING TONI AV. 10/150
2: Ti	AA. BURIAL, CREMA- DN, REMOVAL (Specify)	RESTREMENTON 240. LOCATION (City, town, or county) (State)
D	ATÉ RECEIVED BY REGISTRAR'S SIGNATURE COLL REGISTRAR	25. FUNERAL DIRECTOR Sould ADDRESS
0	CTv= 401950 97034	131a Ore
		/ - /



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH October 2, 1950 IDA FISHER 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION Union Memorial Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3623 Keswick Road Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | Months: Days | Hours: Min. 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) female white MAR 24 1868 WIDOW 10a. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSE WIFE MARYLAND. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH GREEN UHKNOWN. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. KEEFER ZENTZ-4327 FALLS INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture of neck (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 3623 Keswick Road nome 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED October 2, 1950 5.45pm. WHILE AT NOT WHILE Fell from back porch when railing gave 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23c. DATE SIGNED 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D. 24b. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE TION_REMOVAL (Specify) 25 FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION lumore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (in years | if Under | Year | if Under 24 Hours last birthday) | Months; Days | Hours | Min. If Doder 1 Year 9. AGE (In years 1895 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPEACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? 16.5 resser. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17_INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 213-10-6552 comó 260/ NTERVAL BETWEEN 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ... heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) .. П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION | 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSY YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK Och 2, 1956 that I last saw the . 1950 to_ 22. I hereby certify that I attended the deceased from_ au l

2. 1950, and that death courred at 1136m., from the causes and on the date stated above. deceased alive on Oct 239. ADDRESS

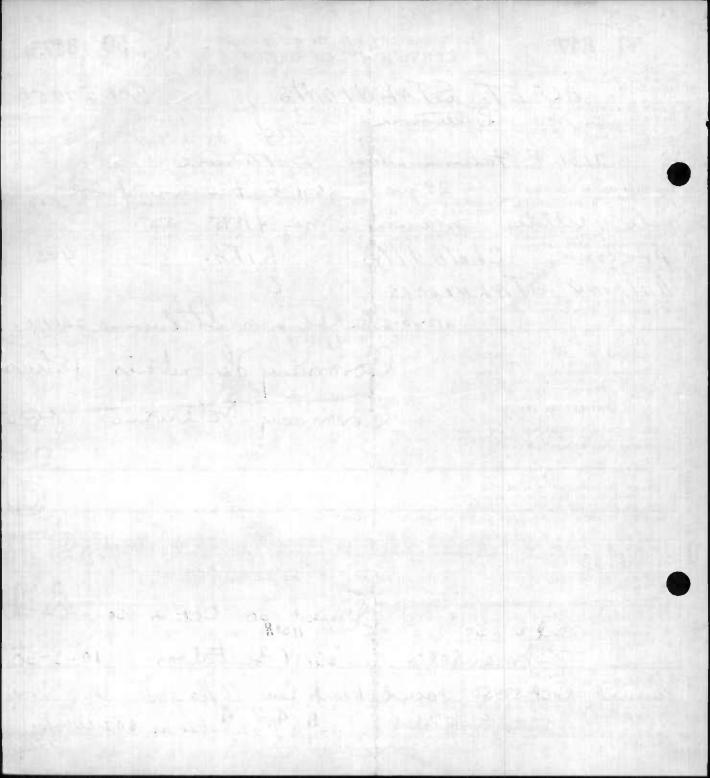
23A. SIGNATURE 23c. DATE SIGNED

24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) OR CREMATORY

TION, REMOVAL (Specify) anna

DATE RECEIVED BY DIRECT

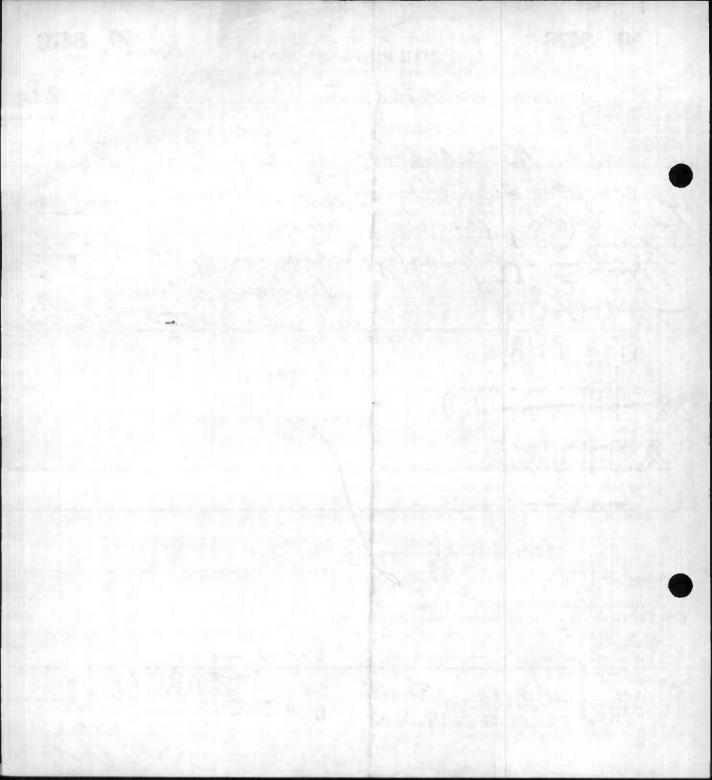
VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Paristand No.

CERTIFICATE OF DEATH Registered	l No.
1. NAME OF DECEASED (Type or Print)	2/1/200
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE DEATH (C) 4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital of institution, give street address or HOSPITAL OR INSTITUTION (If outside corporate line in the control of the control of the corporate line in the corporate lin	mits, write RURAL and give township)
Yrs. D. STREET ADDRESS (If rurd, give location	-
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years)	If Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BUST HPLACE (Start or for eign country) 1NDUSTRY	12. CITIZEN OF WHAT/COUNTRY?
13. FATHER'S NAME 14. MODER'S MAIDEN NAME 14. MODER'S MAIDEN NAME	f
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no of unknown) (If yes, rive war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS 2106
18. 592 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	INTERVAL BETWEEN ONSET AND DEATH
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	5
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a, DATE OF OPERATION A 198, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?	7, give exact location)
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	THE RESERVE
22. I hereby certify that I attended the deceased from 7-17, 1950, to OcX/, 19 deceased alive on 6-X/, 1950, and that death occurred at J. P.m., from the causes and on	5; that I last saw the the date stated above.
Lenford of Innered In 238. ADDRESS Too of June Hill	23C. DATE SIGNED
24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION City, to TION, REMOVAL (Streetly) Ourself Lev Klent	State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR OCT - 4 1950 Line truster Alleger (1631) Druis Hills	ave.
VS 150	12,4



BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH Registered No.

BIRTH NO.		CERTII ICATI	E OF DEATH		
1. NAME OF DECEASED (Type or Print)	-			2. DATE	
John	Fowble			ber 4, 1950	
A. Baltimore City. Maryland	A. Baltimore City, Maryland				f institution; residence before admission)
B. FULL NAME OF (If not in hospite	al or institution		Mary!	land	201010 44111001011,
HOSPITAL OR INSTITUTION		location)	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
3725 Fa	lls Road	d	Balt:	imore /3-	o7 township)
		Yrs.	D. STREET ADDRES	S (If rural, give location)	
c. Length of stay in Baltimore	8	years Mos.	3725	Falls Road	
5. SEX 6. COLOR OR RACE		. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		onths Days Hours Min.
Male White	Sing.		April 8, 186	4 86	
IOA. USUAL OCCUPATION (Give kind of work done durlog most of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF
Shoemaker	Retired	d 25 years	Maryland		WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME	
Richard Fowble			Mary Calt	rider	
15. WAS DECEASED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or uokoown) (If yes, give war or dates	s of service)	SECURITY NO.	William O. I		lls Road
18. 1/ En. D		CAUCE	OF DEATH		INTERVAL BETWEEN
430,0	DIDECTIV				ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEAT	TH	Corner	dure Lead .	La Dena	5 de
(This does not mean the mode o heart failure, asthenia, etc. It mea	ns the disease	(A)	11.00		Jany
injury or complication which c	aused death.) DUE TO			
ANTECEDENT CAUS	ES	anto	0		
		(B) arte	rembersis		
	F ANY, GIVING	G	remlerario		
	F ANY, GIVING	G			
	F ANY, GIVING	E DUE TO			
	F ANY, GIVING STATING THI ST. TIONS CON	G E DUE TO (C)			
DISEASES OR CONDITIONS, IF	F ANY, GIVING STATING THE ST. TIONS CON NOT RELATED	(C)			
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1	F ANY, GIVING STATING THI ST. TIONS CON NOT RELATED CAUSING IT	(C)			20. AUTOPSY?
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1	F ANY, GIVING THE STATING THE ST. TIONS CON NOT RELATED CAUSING IT 9B. MAJOR	CO	RATION		YES NO
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1	F ANY, GIVING STATING THE ST. TIONS CON NOT RELATE: CAUSING IT 9B. MAJOR	G E DUE TO (C)	PATION or 21c. WHERE DIE	O (If in Baltimore City,	YES NO
DISEASES OR CONDITIONS, II RISE TD THE ABDVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TD THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH VD. TIME (Month) (Day) (Year)	TIONS CON NOT RELATE! CAUSING IT 9B. MAJOR	GE DUE TO (C)	RATION o or 21c. WHERE DIE otc.) INJURY OCCUR	O (If in Baltimore City,	YES NO
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 11A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	TIONS CON NOT RELATE: CAUSING IT 9B. MAJOR 21B. PLA about home, fa	GE DUE TO (C)	RATION o or 21c. WHERE DIE injury occur ED 21f. HOW DID I	O (If in Baltimore City,	YES NO
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DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH VID. TIME (Month) (Day) (Year) 1NJURY 22. I hereby certify that I att deceased alive on Oct. 2 23. SIGNATURE 24A. BURIAL, CREMA-1 246 DATE	TIONS CON NOT RELATE! CAUSING IT 9B. MAJOR 21B. PLA ebout home, fa (Hour) 2 ended the control of the control	FINDINGS OF OPER CE OF INJURY (e. g., I arm, factory, etreet, office bldg., ce the control of the ce the c	21c. WHERE DID 10c. INJURY OCCUR 21f. HOW DID 1 10c. 1949, 1949, 138. ADDRESS	(If in Baltimore City, NJURY OCCUR?	give exact location) 50, that I last saw the the date stated above. 23c. DATE SIGNED Cod. 4, 1950
DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) 1D. TIME (Month) (Day) (Year) 22. I hereby certify that I att deceased alive on OCC. 2 23 SIGNATURE 24A. BURIAL CREMA- 124 DATE 11ON, REMOVAL (Specify) 24 DATE	TIONS CON NOT RELATEL CAUSING IT 9B. MAJOR 21B. PLA about home, fa (Hour) 2 m. we needed the control of the	FINDINGS OF OPER CE OF INJURY (e.g., I of the bldg., of t	21c. WHERE DID 10c. INJURY OCCUR 21f. HOW DID 1 10c. 1949, 1949, 138. ADDRESS	to Opt 3_, 195 from the causes and on Bellum -14 M.	give exact location) 10, that I last saw the the date stated above. 23c. DATE SIGNED Oct. 4, 1450 n, or eounty) (State)
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DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE	TIONS CON NOT RELATER CAUSING IT 9B. MAJOR 21B. PLA about home, far (Hour) 2 m. wended the control of the con	FINDINGS OF OPER CE OF INJURY (e. g., I arm, factory, street, office bldg., of the control of t	21c. WHERE DID 10c. INJURY OCCUR 21f. HOW DID 1 10c. 1949, 1949, 138. ADDRESS	to Section (City, tow Carroll Co.,)	give exact location) 10, that I last saw the the date stated above. 23c. DATE SIGNED Oct. 4, 1450 n, or eounty) (State)
DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH VD. TIME (Month) (Day) (Year) 1D. TIME (Month) (Day) (Year) 22. I hereby certify that I att deceased alive on Cause of Cause of Death 23. SIGNATURE 24A. BURIAL CREMA- TION, REMOVAL (Specify) Burial Oct. 7, DATE RECEIVED BY REGISTRAR	TIONS CON NOT RELATER CAUSING IT 9B. MAJOR 21B. PLA about home, far (Hour) 2 m. wended the control of the con	FINDINGS OF OPER CE OF INJURY (e.g., I arm, factory, street, office bldg., of the control of th	21c. WHERE DIE INJURY OCCUR 21f. HOW DID I 21f. HOW DID I 21f. HOW DID I 23g. ADDRESS 44 W. 34 755.	to Section (City, tow Carroll Co.,)	give exact location) 10, that I last saw the the date stated above. 23c. DATE SIGNED Oct. 4, 1450 n, or eounty) (State)

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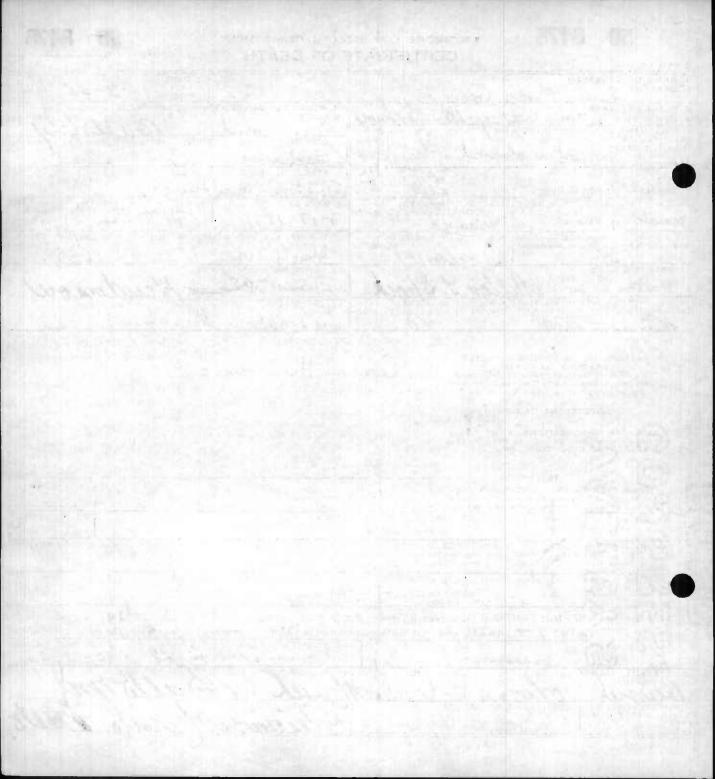
BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) Sarah Sheck George	2. DATE OF DEATH 10-3-5G
B. FULL NAME OF (If not in hospital or systitution, give screet address or	A. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
HOSPITAL OR INSTITUTION Hospital for Women of Maryland	Battimore 12 -0 (township)
c. Length of stay in Baltimore \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	D. STREET ADDRESS (If rural, give location) 2) Stoney Run Lane
female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	3-17-187/ 9. AGE (In years In Under 1 Year In
10A. USUAL OCCUPATION (Give kind of work done during most of work lang life, even If retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Milton Shock (Mellon G. Shock	Elisabeth Shorte Headling and
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. L. Kalph. Daughter.
18. 33/ X CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ral Hemorrhage ?
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, U (C)	
(c)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If in Baltimore City, give exact location)
DF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 10	-2 - , 1950, to 10 - 3 , 1959 that I last saw the
deceased alive on 10-3-, 1950, and that death occur	rred at 6:359 m., from the causes and on the date stated above.
Helen E. Drewlead M.D.	Warren 5 / Kospetal 10-3-50
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) O O SWALL	Jount / Dallom
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. EUNERAL DIRECTOR
WUI 1999	

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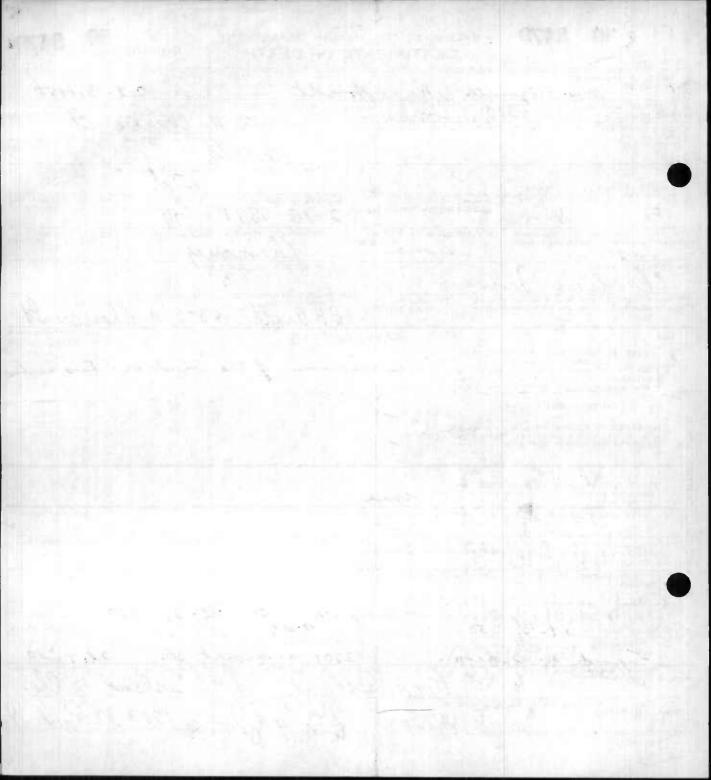


BIRTH NO.

A-653 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

	NAME OF DE	ms. Eliza	abeth	A. A.	rndt	2. DATE OF DEATH OCT	3,1950
3. A.	PLACE OF DE Baltimore C	ity, Maryland #	302 n	. Charles St.	// // //	(Where deceased lived, If i	
B. H(FULL NAME (OF (If not in hospit	tal or institu	tion, give street address or location)	/	(If outside corporate limits	write RURAL and give
1	ISTITUTION				ball	27	township)
	anoth of at	on in Dalkinson		Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
-	SEX	ay in Baltimore 6. COLOR OR RACE		Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	Under 1 Year H Under 24 Hours hths: Days Hours Min.
	F:	W.		VED, DIVORCED (Specify)	2-10-101	1 79	
worl	done during most o	CUPATION (Give kind of working life, even if retired)	10B. KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N		1		14. MOTHER'S MAIDE	N NAME	
	Chris	dian L	ense	n		?	
15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	P. H. arndt	4302 7. Ch	arles St
	18. 18/	X .		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION LEADING TO DEA	TH			e bladder.	F - 4
	heart failui	not mean the mode of e, asthenia, etc. It mes complication which	ans the diseas	se,			Rocles
		ANTECEDENT CAU					
ON	DISEASES	OR CONDITIONS,	F ANY, GIVII	(B)			
CATI		HE ABOVE CAUSE (A)		(C)			
Ē		Ш					
ERT	TRIBUTING	GNIFICANT COND	NOT RELAT	ED 21	•		
U		F OPERATION		R FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL	2	Love.	1 01- 51	ACE OF INJURY (e. g.,	in or 21c. WHERE DID	(If in Baltimore City, g	YES NO
MEDICAL		ENT WAS UNDER- CONTRIBUTING DEATH		farm, factory, street, office bldg.		(If in Bailmore City, g	ive exact location)
	ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURE		URY OCCUR?	
	00 77 1		m.	WORK AT WORK		A. 7 1057	7 12 1 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	deceased al	ive on Get. 3.	tended the	and that death occu	rred at 10.30 Pm., fro	m the causes and on the	e, that I last saw the e date stated above.
	23A. SIGNAT	URE			238. ADDRESS	1 01	23c. DATE SIGNED
	4A. BURIAL, G		yaus	24C NAME OF CEMEN	2701 H. Calu	LOCATION City, town,	or county) (State)
Tit	ON, REMOVAL (S	10-4	1-50	Nork L	cland 1	och Islana	Lell.
0	ATE RECEIVE		S SIGNAT	Mistus Mark	25. FUNERAL DIRECT	nc 1217 6	Fraul St.
	VS 150		6	of a set of the first	0 4 / 6.		5-2-1



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BALTIMORE CITY HEALTH DEPARTMENT

egistered No

BIRTH NO)	CE	KIIFICAI	E OF DEATH	registered	110,
1. NAME (Type or F	OF DECEASED SOL	GMON	KAT	ZENSTE	2. DATE OF DEATH /O	-2-50
A. Baltim	ore City, Maryland			A. STATE	CE (Where deceased lived, B. COUNTY	If institution; residence before admission)
HOSPITAL		pital or institution, g	rive street address o	c. CITY AR TOWN	. (If outside corporate lin	nits, write RURAL and give
INSTITUT	3452 d	olleel	da	Bals	imore	township)
	of stay in Baltimore		/2 Yrs.	D. STREET ADDRESS	(If rural give location)	d ave
Male	6. COLOR OR RAC		ARRIED, DIVORCED (Specif)	8. DATE OF BIRTH	PAGE (in years list birthday)	Months Days Hours Min.
10A. USU/	L OCCUPATION (Give kind of most of working life, weo if retire	lof 10B. KIND OF	BUSINESS OR INDUSTR	11. BIATHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
ner	EKCULI R'S NAME	Kleam	7	14. WOTHER'S MAID	EN NAME	
10	eh		0	Larah	, IN INAME	
15. WAS D	CEASED EVER IN U.S. ARM	SED FORCES? 16.	SOCIAL SECURITY NO.	IT INFORMANT	auntain-	ADDRESS
18.	424		CAUSE	OF DEATH	energin-	INTERVAL BETWEEN
a	ISEASE OR CONDITION LEADING TO DE	DIRECTLY	11	./	1 . 11	ONSET AND DEATH
hear	s does not mean the mode t failure, asthenia, etc. It m	e of dying, e.g., leans the disease.	(A)	n n	ditto Var	
inju	ry or complication which ANTECEDENT CA		DUE TO		wiferse	
Z O DIS	EASES OR CONDITIONS		(B)	Stenisclery	riz	
RISE	TO THE ABOVE CAUSE (A	A) STATING THE	DUE TO	mar and 3	tis-	
<u> </u>			(C)			
	ER SIGNIFICANT CON					
U TO	UTING TO THE DEATH, BUTHE DISEASE OR CONDITION	ON CAUSING IT.				
19A. D.	ATE OF OPERATION 0	198. MAJOR FIN	IDINGS OF OPE	RATION		20. AUTOPSY?
O LYING	CCIDENT WAS UNDER		OF INJURY (e. g., actory, street, office bldg.		(If in Baltimore City	
1D. T	ME (Month) (Day) (Yes	ar) (Hour) 21E.	INJURY OCCUR	RED 21F. HOW DID IN	NJURY OCCUR?	
		m. WHILE				
	nereby certify that I a			1457		(V; that I last saw the
	ged alive on	, 19 : and		rred at 7 7m., fr	com the causes and on	the date stated above.
	NI	9: //read	M. D.	314-00	Man Im	00/401
TION REMO	IAL, CREMA- 24B. DATE VAL (Specify)	24c.	NAME OF CEMET	ERY OR CREMATORY 2	4D. LOCATION (City, tow	(State)
DATE REC	EIVED BY REGISTRA	R'S SIGNATURE	100 440	29. FUNERAL PREC	TOR OF GULLO	ABBRESS D
	1950	ton Williams	E. (1)	tack Lew	s one 2100	Extan /2
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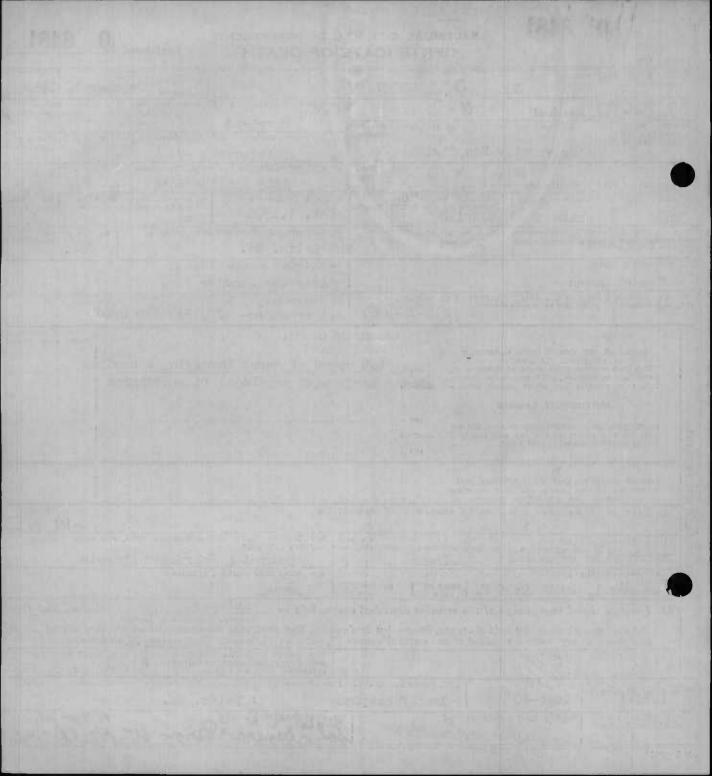
Treed Marth SOLD MON KALLENSIEIN SAST STREET, S

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		- 20	635	22.42	

BALTIMORE CITY HEALTH DEPARTMENT

ristered No.

BE FULL NAME OF "If not in hospital or institution, give street address or hospital CRIT of the in hospital or institution. By the street address or hospital CRIT of the inhopital or institution. University Hospital Colty or town (if cutside corporate limits, write RURAL am lower lowe		BIRTH NO.	CERTIFICATE OF DEATH Registered No.					
A STATE FULL NAME OF "Fine in hospital or institution, give street address or location University Hospital Life		(Trung on Drink)	OL Q	COHEN		OF DEATH		
B. FULL NAME OF "I'net in hospital or institution, give atreet address or location University Hospital Continuity Hospital Con					4. USUAL RESIDEN	Where deceased	lived. If institu	ution : residence before admission)
University Hospital Baltimore		B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION University Hospital			Maryla	and		
CAUSE OF DEATH DISPASSE OR CONDITIOND DIRECTLY THE LEADING TO DEATH of the most of the disease, indury or complication which caused death.) DISPASSE OR CONDITIONS, IF ANY, GIVING HOTELY COUNTY INDURING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE AREA COUNTY INDURING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONDITIONS LEADING THE MERCHANGE COUNTY INDURY COUNTY COUNTY INDURING CONDITION LAST. OTHER CHARGE COUNTY IN U.S. ARMED FORCES CONDITIONS CONTRIBUTING CONDITIONS LEADING TO THE DEATH OF COUNTY CO					Baltimore /5-/3 township			
County of stay in Baltimore)
Marked Discrete White Marked Discrete White Marked Discrete Specify Feb. 1,1908 Solid Comparison of Comparison		T · C					tion)	
Male White Whore Divorced (specify) 10. AUSUAL COUPATION (Grekhodes) 10. KIND OF BUSINESS OR TRY INDUSTRY Balto. Md. 11. BRITHPLACE (State or foreign country) Balto. Md. 12. FATHER'S NAME Samuel Cohen 13. MAS DECEASED EVER IN U.S. ARMED FORCES? (Town or unablement) (17. Informant Address or Cohen		Days					range Hilladar 1	Vest Willindox 24 Manua
Tavern Salto Md. What countries Salto Md. Mother's Maide name Md. M	ī	Male White	MARRI	ED. DIVORCED (Specify)	Feb. 1,1908	last birthd	lay) Months	Days Hours Min.
13. FATHER'S NAME Samuel Cohen		10A. USUAL OCCUPATION (Givekind of work dong tuying most of working life, even if retired)	10B. KIND	*********			12. C	ITIZEN OF
Samuel Cohen 1st			18.46	1011			Ü	SA.
18. WAS DECASED EVER IN U. S. ARMED FORCEST (Yes, no or unknown) (If yes, give was or dates of service) 16. SCOIAL (Yes, no or unknown) (If yes, give was or dates of service) 215-US-1050 17. Informant Esther Cohen		13. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME		
CAUSE OF DEATH CAUS					late Ida S	andler		
CAUSE OF DEATH INTERVAL BET ONSET AND CONSTRAINCE		15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no or unknown) (If yes, give war or date	FORCES?	16. SOCIAL				SS
DISEASE OR CONDITION DIRECTLY (This does to LEADING TO DEATH dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION LAST. (C) OTHER SIGNIFICANT CONDITION LAST. (C)				215-05-1050	Esther Cohen	- 4303 Pimlio	co Road	
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asherial, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES X NO UNDERLYING TO GONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES X NO UNDERLYING TO GONDITION CAUSING IT. 19A. DATE OF OPERATION 21B. PLACE OF INJURY (a.g., in or UNDERLYING TO GONDITION CAUSING IT. 19A. DATE OF OPERATION 21B. PLACE OF INJURY (a.g., in or UNDERLYING TO GONDITION COUNTRIB. Saloon Saloon thome, farm, factory, street, office bldg, etc.) 19A. DATE OF OPERATION 21B. PLACE OF INJURY (a.g., in or UNDERLYING TO GONDITION COUNTRIB. Saloon INJURY OCCUR? Fairmount & Schroeder Streets 19A. DATE OF OPERATION 21B. PLACE OF INJURY (a.g., in or UNDERLYING TO GONDITION COUNTRIB. Saloon INJURY OCCUR? Fairmount & Schroeder Streets 19A. DATE OF OPERATION 21B. NUMBER X NOW WHILE X NOW WHILE X NOW WHILE X NOW WHILE X NOW DID INJURY OCCUR? Stabbed 21B. FLORE X NOW DID INJURY OCCUR? Stabbed 22L I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry, find that said deceased died on the day stated all and death in my opinion resulted from: natural causes Assistant Medical Examiner. Assistant Medical Relations Assistant Medical Examiner. Assistant Medical Examiner. Assistant Medical Examiner. Assistant Medical Examiner. Assistant Medical Investigation October 2, 18 Major Medical Investigation October 3, 18 Major Medical Investigation October 3, 1		18. E 982 x		CAUSE	OF DEATH			NTERVAL BETWEEN
(A) Stad wound of chest involving ascending heart failure, astheria, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COUNTY THIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS VES X NOT THIBUTING TO THE DEATH. Saloon Stranfactory, street, office bldg., etc. 1 INJURY OCCUR? FAITMOUNT Schroeder Streets 10. TIME (Month) (Play) (Year) (Hour) 21E, INJURY OCCURRED 20F, How Did INJURY OCCUR? FINDING CAUSE OF DEATH. Saloon 21E, HOW DID INJURY OCCUR? FINDING TO THE CHORNON (Play) (Year) (Hour) 21E, INJURY OCCURRED 21F, How Did INJURY OCCUR? FINDING Schroeder Streets 10. TIME (Month) (Play) (Year) (Hour) 21E, INJURY OCCURRED 21F, How Did INJURY OCCUR? FINDING Schroeder Streets 10. TIME (Month) (Play) (Year) (Hour) 21E, INJURY OCCURRED 21F, How Did INJURY OCCUR? FINDING TO THE CHORNON (Play) (Year) (Hour) 21E, INJURY OCCURRED 21F, How Did INJURY OCCUR? FINDING TO THE CHORNON (Play) (Year) (Hour) 21E, INJURY OCCURRED 21F, How Did INJURY OCCUR? Stabbed 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry, find that said deceased dicd on the day stated at and death in my opinion resulted from: natural causes accident suicide homicide nundetermined 23B, CHIEF MEDICAL EXAMINER. October 2, INDURENCE COLORED 24B, DATE SIGNATURE 24C, NAME OF CEMETERY OR CREMATORY 24B, LOCATION (City, town, or county) (St. Autopsy, Inspection or Inquiry, Find that said deceased dicd on the day stated at and death in my opinion resulted from: natural causes accident suicide homicide nundetermined 23B, CHIEF MEDICAL EXAMINER. October 2, INDURENCE 24C, NAME OF CEMETERY OR CREMATORY 24B, LOCATION (City, town, or county) (St. Autopsy, Inspection or Inquiry, Find that said deceas								
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198. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES X No. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. Saloon Saloon Saloon Fairmount & Schroeder Streets 21F. HOW DID INJURY OCCUR? FINJURY Stabbed 22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated at and death in my opinion resulted from: natural causes and eath in my opinion resulted from: natural causes Assistant Medical Examiner. ADD. MEDICAL EXAMINER. ADD. MEDICAL INVESTIGATOR 238. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL								
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Ves X No.		/ \	ATION			20 AUTOPSV2		
21A. EXTERNAL CAUSE WAS UNDERLYING W OR CONTRIB. 21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) Saloon 10. Time (Month) (Day) (Year) (Hour) Finjury October 1, 1950 9:35 Pm. WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry find that said deceased died on the day stated at and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23a. Signature William ABUSTIANT MEDICAL EXAMINER		194. BATE OF OF EMATION						
TION. REMOYAL CREMA- 24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (St. BURIAL CREMA- CAL REGISTRAR CAL REGISTRAR		21A. EXTERNAL CAUSE WAS		(If in Baitimore				
22. I certify that I took charge of the remains described above, held an Autopsy thereon and and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined assistant medical examiner. 23A. Signature 24A. Burial. Crems. 24B. Date 10-5-50 Date received by Registrar's signature 25. Fuggray Diffector 26. June 1950 9:35 Pm. While at Not while x stabled 26. June 1950 9:35 Pm. While at Not while x stabled Stabbed Stabbed 27. Fuggray Difference of Inquiry and Stabbed 28. Chief Medical examiner. 29. Date signed assistant medical examiner. 29. Date signed assistant medical examiner. 20. Date signed assistant medical examiner. 21. Date signed assistant medical examiner. 22. Fuggray Diffector 23. Fuggray Diffector 24. North 1950 1950 1950 1950 1950 1950 1950 1950		UTING LI CAUSE OF DEATH. Saloon Salo, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRI			. Fairmount & Schroeder Streets		S	
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and death in my opinion resulted from: natural causes, accident, suicide, homicide, undetermined 23a. Signature	Auopsy, inspection of it					nquiry		
M.D. ASSISTANT MEDICAL EXAMINER		and death in my opinion	on resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square .					
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В	IRTH NO.			CERTIFICAT	TE OF DEATH	Registered No.		
(7	NAME OF D	Harry	FRANK	SL	USKY	2. DATE OF DEATH Octobe:	r 2, 1950	
	Baltimore	EATH: City, Maryla	nd		4. USUAL RESIDEN	NCE (Where deceased lived. If inst	litution: residence hefore admission	
B. H	FULL NAME OSPITAL OR ISTITUTION	OF (If not i		spital (DOA	C. CITY OR TOWN	(If outside corporate limits, w		
				Yrs.	Darcimore	SS (If rural, give location)	6	
•	ength of s	stay in Baltin	nore 4	48 Yrs Mos.	1730 Ashh	urten Street		
	sex Male	6.COLOR OR	RACE 7. SINGL	E. MARRIED. WED, DIVORCED (Specification)	8. DATE OF BIRTH	9. AGE (In years last birthday) 58	s Days Hours Min.	
worl	city Emp			D OF BUSINESS OR INDUSTR	New York (ate or foreign country) 12	CITIZEN OF WHAT COUNTRY	
13	Felix SI					14. MOTHER'S MAIDEN NAME		
15			ARMED FORCES?	I 16. SOCIAL	Ida Selenko			
(Ye	s, no or unknown)	(If yes, give w	er or dates of service)	SECURITY NO.	Mrs Ruth Slus	sky 1730 Ashburton	St St	
ERTIFICATION	(This doe heart failt injury or DISEASE RISE TO	LEADING To not mean the ure, asthenia, et complication ANTECEDENT S OR CONDIT	mode of dying, e. E. It means the dises which caused deaf CAUSES	S., (A) MYOC. ARE, th.) DUE TO Ch	pulmonale	ciency is and emphysema		
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_	m. WHILE AT NOT WHILE AT WORK							
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dand death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, unde						ctermined [].	
	23a. SIGNATURE 23b. CHIEF MEDICAL EXAMINER							
24a. BURIAL. CREMA. 24B. DATE 100, REMOVAL (Specify) Oct 5, 1950 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Burial Baltimore Md								
	TE RECEIVE CAL REGIST	D BY REGIS	TRAR'S SIGNAT	Miliana, My	25 EUNE AV BIRE	Coron + Bus 71/	Moth due	
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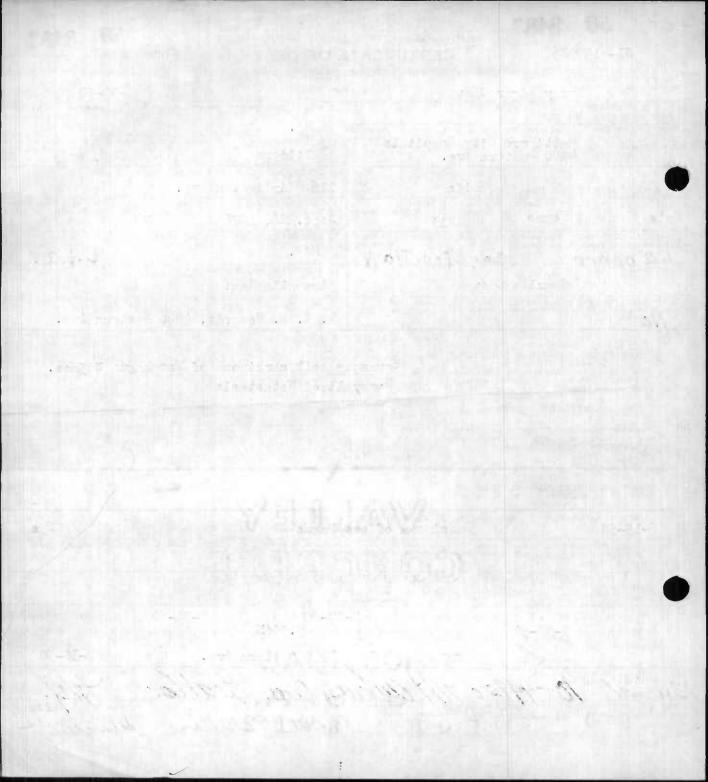
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STREET HOMES CHILDREN CONTRACTOR

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

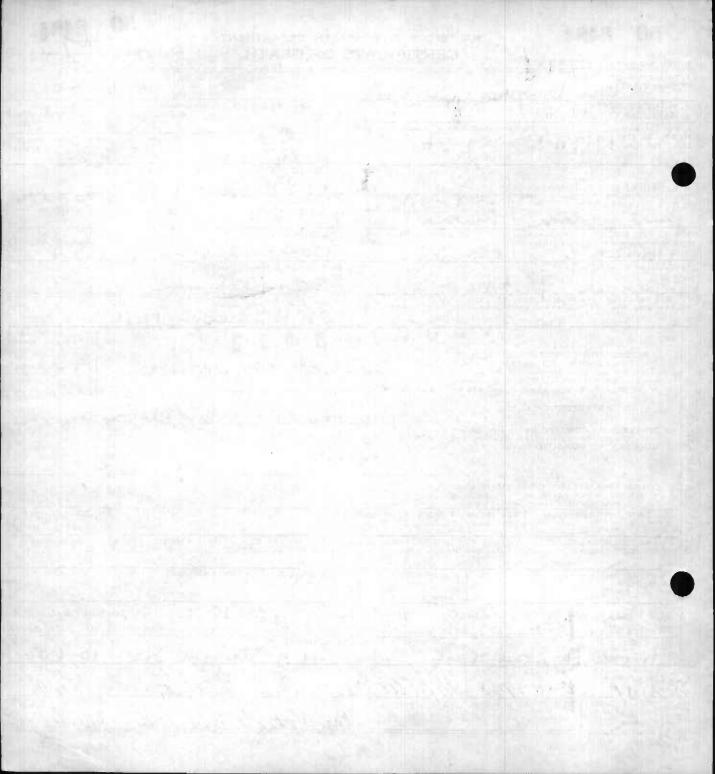
JI- 139926 Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Harry Edgar Chew 9-30-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before sdmission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals ocation) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore township) 4940 Eastern Ave. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 216 N.Arlington Ave. Life Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Male Negro Sept. 26, 1876 Wid 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work deneduring most of working life, even if retired) INDUSTRY S.A. Labonen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Chew Araballa Gant 15. WAS DECEASED EVER IN U. S. ARMED FORCEST (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. B. C. H. Records, 4940 Eastern Ave. INTERVAL BETWEEN CAUSE OF DEATH OX ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Squamous cell carcinoma of Esophagus & 5mos. heart failure, asthenia, etc. It means the disease. Www. Generalized Metastasis injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 8-15-50 Carcinoma of esophagus 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 7-20-50, 19, to 9-30-50, 19, that I last saw the deceased alive on 9-30-50, 19 and that death occurred at 5.30AM, from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 4940 Fastern Ave. 9-30-50 4A. BURIAL, CREMA-ION, REMOVAL (Specify) 248. DATE ERY OR CREMATORY 246 EDCATION City, town, of county) REGISTRAR'S SHENRY WE DATE RECEIVED BY LOCAL REGISTRATE I hunting for



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3698

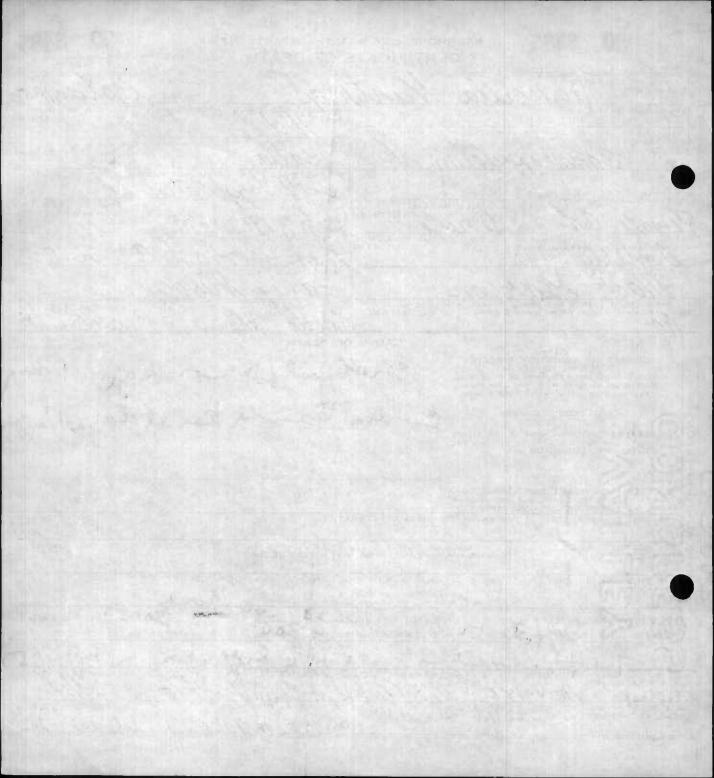
В	BIRTH NO.					
	NAME OF DECEASED Dolohine Troen	2. DATE OF DEATH 10-L- 50				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)				
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR 1719 N. Correy Street address or Iocation)	maryland				
1	O . O Yrs.	D. STREET ADDRESS (If rural, give location)				
	Length of stay in Baltimore Mos. Days	1719 n. Carey St				
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years 11 Under 1 Year 11 Under 24 Hours 14 - 14 - 1886 9. AGE (In years 11 Under 1 Year 11 Under 24 Hours Min.				
10 wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
1:	Spencer flether	Lucy Kellum				
(Ye	5. WAS DECEASED EVER IN U. STARMED FORCES? a, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS WM. H. Green 1719 Carry St				
	18. 33/ LCAUSE	F BEATH S INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	bal homorrhage 9 days				
	injury or complication which caused death.) DUE TO	hands a set as				
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	rentermoni + artorio scherous conference				
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AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	AATION 20. AUTOPSY?				
EDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e					
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. OF INJURY WHILE AT NOT WHILE AT WORK AT WORK					
	22. I hereby certify that I attended the deceased from 9-22-, 1950 to 10-, 1950, that I last saw the					
	deceased alive on 10-1-, 1950, and that death occur	rred at & Pm., from the causes and on the date stated above.				
	Fange A. Sounders M.D.	1029 N. Stricton St. 10-1-50				
2 11	4A. BURIAL, CREMA- 24B. DATE 249, MANYE OF CEMETE DIN, REMOVAL (Specify) 10-5-1950 111- UNIVER					
LO L	ATE RECEIVED BY REGISTRAR SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 322N				
-	OT 1 GOLD	Mo Katulk Williams Khrodust				
	Vs 150	083a				



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH S. PLACE OF DEATH 4. USUAD RESIDENCE (Where deceased lived if institution residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give lecation) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIMORCED (Specify) 6. COLOR OF RACE AGE (In years | H Under 1 Year | H Under 24 Hours | Days | Hours | Min. Il Under 24 Heurs 10A. USUAL OCCUPATION (Give kind nf work doug Guring most of work julio, even if retired) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTR 15. WAS DECEASED EVER IN U. S. ARMED FORCES: (If yee, give war or dates of service) 16. SOCIAL ADDRE SECURITY NO. 18. 442 X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21A. ACCIDENT, SUICIDE, 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Speeify) about home, farm, factory, street, nffice bldg., etc.) HOMICIDE INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) FINJURY WHILE AT NOT WHILE WORK AT WORK 4193 that I last saw the 22. I hereby certify that I attended the deceased from A., from the causes and on the date stated above. and that death occurred de deceased alive on 23A. SIGNATURE 238. AD 23c. DATE SIGNED M. D. 24A. BURIAL, CREMA-DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

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egistered]	Vo.		4 18 8

BIRTH NO. CERTIFICA	TE OF DEATH Registered No				
1. NAME OF DECEASED (Type or Print) Clata RoberTson	2. DATE OF DEATH 9/29/50				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE B. COUNTY before admission				
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give				
ST. Joseph's Hospital	Ballimore 11-04 township b. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore Like Mor	s. 212 W Haller ST				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Speci	8. DATE OF BIRTH 1884 9. AGE (In years of Under I Yeer last bighday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR work dope during most of work light [ing. eyen if retired]	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY				
Housewife 13: FATHER'S NAME	Ballo. W.d. W.S.A				
Edward Dilks	Sahah				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no profit nown) (If yes, give war or dates of service) SECURITY NO	17 INFORMANT ADDRESS				
18. 434.) CAUŞI	E OF DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
injury or complication which caused death.) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	. 0 10				
E	Pamp May disease				
OTHER SIGNIFICANT CONDITIONS CON- HI TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE DR CONDITION CAUSING IT.					
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OP	PERATION 20. AUTOPSY? YES NO NO				
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bld	g, in or 21C. WHERE DID (If in Baltimore City, give exact location)				
21b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP WHILE AT NOT WHILE AT NOT WHO	ILE T				
22. I hereby certify that I attended the deceased from	9/29/, 1950 to 9/29/, 1950, that I last saw th				
deceased alive on 9/29/, 19,50 and that death occ	curred alo: 40 Pm. I wom the causes and on the date stated above 236. ADDRESS				
01/1/0/0/X M.D.	1400 N. Caroline Street 9/30/50 TRRY OR CREMATORY 24D, LOCATION City, town, or count) (State)				
TION, REMOVAL (Specify)	un Cem Ballo				
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	My 1 1 DWilliams Schrode So				

- STORY CONTRACTOR

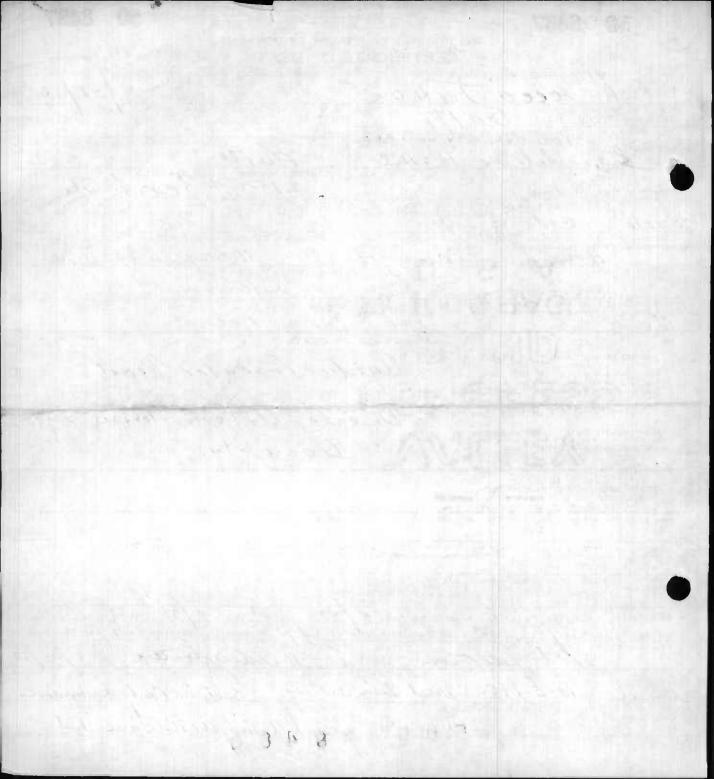
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

50 8487

BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) PEDECE G TOMPS	2. DATE OF DEATH 9/30/50
a. Baltimore City, Maryland Balto.	4. USUAL RESIDENCE (Where deceased lived, I institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR 210 (-C) SPVNC Total Control of the Con	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Dar-Wil-Ba HOME.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	115-71-10001 5T
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years M Under 1 Year H Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) Housewall Culture aged	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or ranknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Record ADDRESS
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	dio-Vaseylar Renal
ANTECEDENT CAUSES	pase - artorioselerosis a years
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Decy bitus
OTHER SIGNIFICANT CONDITIONS CON-	
W TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atrest, office blds CAUSE OF DEATH	
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURI	
22. I hereby certify that I attended the deceased from	/22 , 1950, to 9/30 , 1950, that I last saw the
deceased alive on 1/28, 1950, and that death occ	
23A. SIGNATURE ALGERTA M.D.	600 M. alengton tere 230. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Bank Grand ADDRESS JOSEPH a Lively 661 W. Bane Sheet
NC IVE 1501950	13/1



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1/-1	7-17	52.4
	1300	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Peristered No.

BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED BEATRICE ROLINSON	2. DATE OF 3.1950
3. PLACE OF DEATH: A. Baltimore City, Maryland HAL 4	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR INSTITUTION INSTITUTION	c. CITY OF TOWN (If outside corporate limits, write RURAL and give
TONES ROPEIRS HOSPITAL YES.	D. STREET ADDRESS (If rural, give location)
Mos.	1141. 10W St 124
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Bader I Year If Bader 24 Hours
FEMALE COLORED SINGLE	11-11-13 36
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Polyman	14. MOTHER'S MAIDEN NAME Shallman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT HOPKINS KOSPITAL ADDRESS
18.434,1 . CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) ANTECEDENT CAUSES	liac arrest of -
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 9 198. MAJOR FINDINGS OF OPE	RATION LAPAROTOMY 20. AUTOBSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bidg.	
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 9	-30 1950, to 10 - 3 , 1950, that I last saw the
22. I hereby certify that I attended the deceased from 9 deceased alive on 3,1930 and that death occu 23A. SIGNATURE	erred at 63 a.m., from the causes and on the date stated above.
fuller / (- MUSON M.O.)	238. ADDRESS RUYLING PUBLISHED 10/3/50
24A. BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETI	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTORS ADDRESS ADDRESS
VS 150	(12 B Way

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) Catherine Lee DEATH October 1, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 900 W. Lombard St. township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 900 W. Lombard St. Dava 9. AGE (In years) 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH last birthday) Months Days Hours Min. Female Feb. 25, 1874 Widowed IOA. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife At Home Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Timothy Dwyer Ellen Kellv 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mr. Samuel J. Lee, 304 Mt. Holly St. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY MY YERN LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) PID, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Tune 1948 to Oct 1 . 1950 that I last saw the deceased alive on 0 . 1950, and that death occurred at 1.15Pm., from the causes and on the date stated above. 23A. STGMATURE 23B. ADDRESS 23c. DATE SIGNED Oct . 2 1950 910 W. Lombard St 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24c. LQCATION (City, town, or county) Cemetery Burial Oct. 5. 1950 New Cathedral Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR 4510 Liberty

THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED I The Editor of the State of the

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) LUTHER W. WALSTO	2. DATE OF DEATH 10 - 3 - 57)
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	MARYLAND
UNION MEMORIAL HOSPITA	
Yrs.	o. STREET ADDRESS (If rural, give location)
c. sength of stay in Baltimore Mos. Days	2522 E. OLIVER ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years fill Under 24 Hours Months Days Hours Min
MARRIED	September 15-1889 61-
10A. USUAL OCCUPATION (Give kind of most done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Somerat Co. Wa.
2/40 1.0 A	14. MOTHER'S MADEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES! V 16. SOCIAL	Janne Blake
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT
718-01-3452	OF TEATH
DISEASE OR CONDITION DIRECTLY	OF DEATH
	ONARY THROMBOSIS 2 hu.
heart failure, asthenia, etc. It means the disease,	anu.
injury or complication which caused death.) DUE TD	
ANTECEDENT CAUSES	ioscleratic heart disease?
O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	The second second second
<u>U</u>	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	RATION 20, AUTOPSY?
7	YES WO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING blots, farm, factory, street, office bldg.,	
210. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
MHILE AT NOT WHILE AT WORK AT WORK	
deceased alive on 10-3 1950 and that death occur	rred at /2:00 Pm from the causes and on the date stated above
23A. SIGNATURE	rred at/2: 52 m., from the causes and on the date stated abov 23B. ADDRESSILLEN Municipal 23C. DATE SIGNED
Alfur, lesson M.D.	Baltimore 18. Maryland Oct 3, 1950
24A. BURIAU CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
12urial 10-6-1950 () ak Kow	n Cem Eastern live - Sulta led
DATE RECEIVED BY REGISTRAR'S SIGNATURE	ADDRESS ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

ВІ	RTH NO.) OHUL		CERTIFICATI	E OF DI	EATH	Registere	u No	
1. (T	NAME OF D	ECEASED	Almo	rta Catherine	Runk		2. DATE OF OC	tober 3	1950
	PLACE OF D		AIVE	Tta Catherine	4. USUAL	RESIDENCE (Where deceased lived	. If institution	: residence
	FULL NAME	City, Maryland OF (If not in hospite	al or institut	ion, give street address or	A. STATE	Md.	B. COUNTY	beí	fore admission)
	SPITAL OR	2509 W. 1	bradmo 1	location)	c, CITY OR	TOWN (I	f outside corporate li		URAL and give township)
- 87	0	2003 W.	COMPare	Yrs.		imore	rural, give location)		<i></i>
C	Length of s	tay in Baltimore	140.	Mos. Days		W. Lombs			
-	SEX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF		9. AGE (In years last birthday)	If Under I Year Months: Days	Hours Min.
	F	W	Wide	wed	May 23,		88		
		CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY			foreign country)	12. CITI	ZEN OF T COUNTRY
	Housewife		No	ne		nover, Pa			
		Jacob Lippy				Haggy			
15	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORM			ADDRESS	
(10	No	No	o or acritice)	None	Mrs.Mat	tie Carte	er.2509 W. I	ombard	St.
	18. 422	.1		CAUSE	OF DEATH			INTER	RVAL BETWEEN
	DISEA	SE OR CONDITION							350m
		s not mean the mode oure, asthenia, etc. It mea	of dying, e.	se,	erebral hemorrhage			1.1	week
	injury or	complication which of	aused deatl	h.) DUE TO					
z	ANTECEDENT CAUSES (B) Arteriosclerotic cardio vascular disease						disease		
RTIFICATION	RISE TD	S OR CONDITIONS, I	STATING T						
CA	UNDERL	YING CONDITION LA	NST.						
TIF		TI TI		(C)					
Ш	TRIBUTIN	SIGNIFICANT CONDI G TO THE DEATH, BUT	NDT RELAT	ED					
O		OF OPERATION 1		FINDINGS OF OPER	ATION			20.	AUTOPSY?
CAL								YES	
1EDIC	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm,factory,street,officebldg.,		OCCUR?	(If in Baltimore Cit	y, give exact	location)
	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		W DID INJUF	RY OCCUR?		
	22. I herel	on certify that I att	m.	deceased from 11/		. 1940 . to 1	0/3/ ,19	50 that I	last saw the
	deceased a	live on 10/3/50	_, 19	and that death occur	rred at 5 P	M.m., from	the causes and or	n the date s	stated above
	23A. SIGNA	TURE LEGICE	AXI	NO DO	3B. ADDRES		A	1.	ATE SIGNED
2	4A. BURIAL.	CREMA- 24B DATE	17700	M. D.		mondson A	LOCATION (City, to		(State)
TI	ON REMOVAL (10/6/19	50	Loudon Par	k	Free	derick Ave. H	Balto.Md	
	ATE RECEIVE OCAL REGIST	D BY REGISTRAR				AL DIRECTOR		ADDRES	ss
	0-VS 150_						Training training		,
IIU	CT-419	50						09.	3 04

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASE 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR POWN (If outside corporate limits, write RURAL and give INSTITUTION township) 905 N. Fulton Ave Yrs. O. STREET ADDRESS (If rural, give location) Mos. 50vrs c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF H Under 1 Year last birthday) Months; Days Hours; Min. 10/23/1876 73 11. BIRTHPLACE (State or foreign country) Married 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Landscaping Gardener Howard County Md. 13, FATHER'S NAME Wm. Parker Charlotte 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. No None Parker (W Rehecce Bulton INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21B. PLACE OF INJURY (e. g., in or 21A, ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? Pio. Time (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT 22. I hereby certify that I attended the deceased from_ that I last saw the . 19 . and that death occurred at. deceased alive on // Im., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24g. LOCATION (City, town, or county)

VS 150

DATE RECEIVED BY

Burial

10/6/50

REGISTRAR'S SIGNATURE

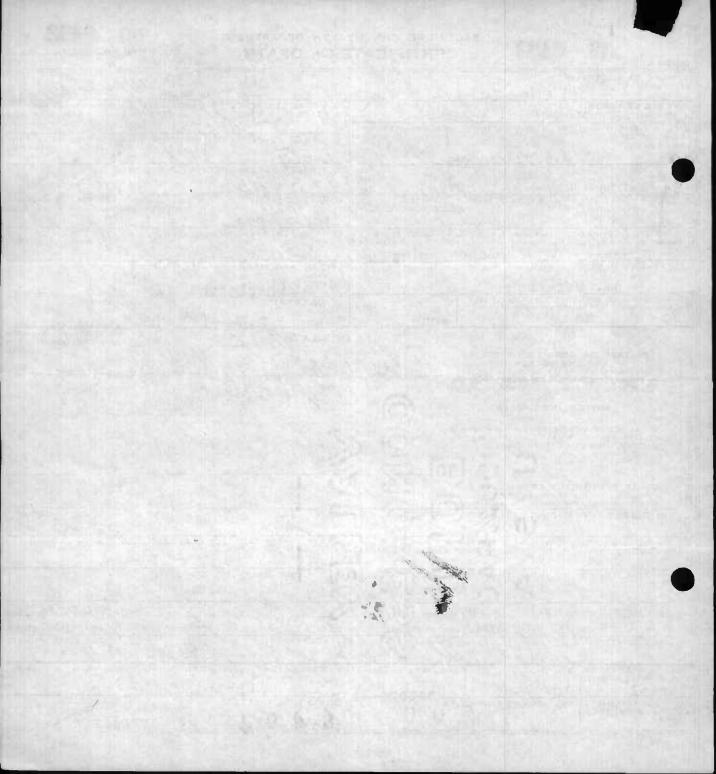
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N. Carrollton Ave

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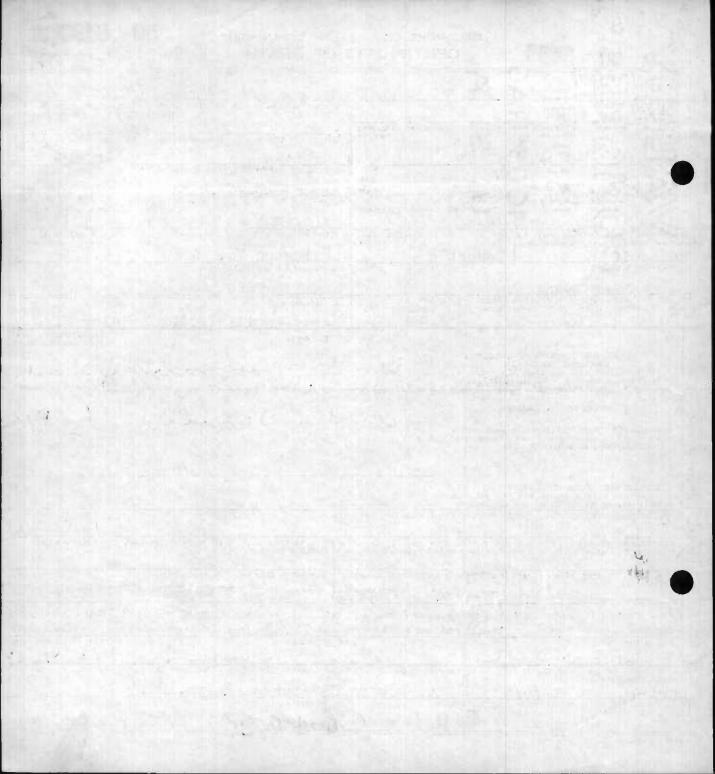
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

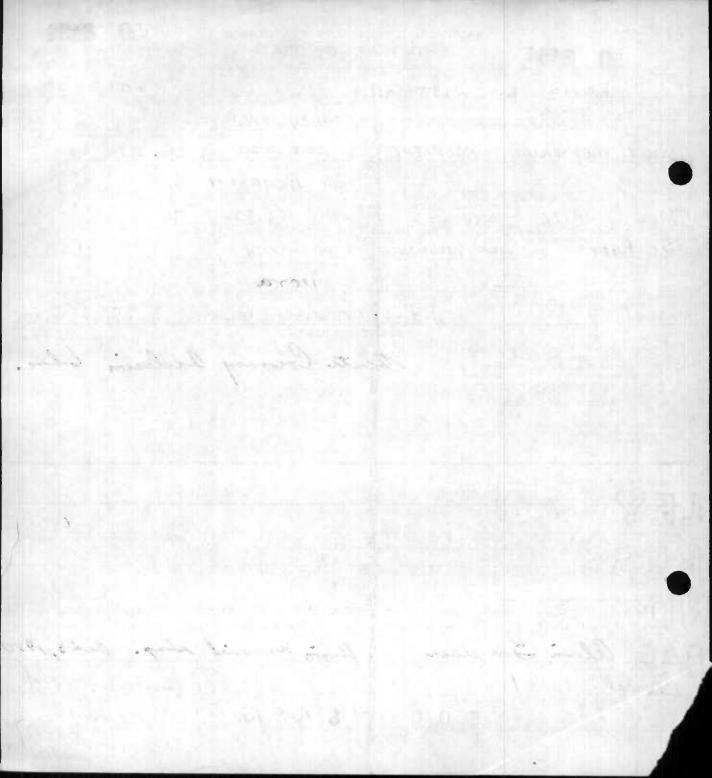
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_ D	RIA NO.						
	NAME OF D 'ype or Print)		DDIGE		146	2. DATE OF 20/0/5	
	PLACE OF D		BRICE		4. USUAL RESIDENCE (W		stitution: residence
В.	FULL NAME	City, Maryland OF (If not in hospite	al or institut	ion, give street address or	A. STATE	B. COUNTY	before admission)
II.	OSPITAL OR	000 D		location)		outside corporate limits,	write RURAL and give township)
1	<u> </u>	808 Brad	ley St	Yrs.	Baltimore D. STREET ADDRESS (If	rural give location)	- 03
C	Length of s	tay in Baltimore	00	Mos.	808 Bradl		
5	SEX	6. COLOR OR RACE	7. SINGLE	Days . MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Un	nder I Year II Under 24 Hours hs: Days Hours: Min.
	F	C	W		9/19/1890	60 0	13
wor	k done during most of	CUPATION (GivekInd of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY?
	lousewif		Domes	stic	Lexington Va.		J.S.A
	Dobo	ert Evans			Sallie Todd		
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
	NO	NO		N ne	Daisy Aquilla	(D)808 Brad	lev St
	18.422	2.)		CAUSE	OF DEATH		INTERVAL BETWEEN
		LEADING TO DEA	TH	bon	had I.	λ	
	heart failu	re, asthenia, etc. It mea	ns the diseas	e.) - 190		1 - more
	injury or	complication which of		a.) DUE TO			
Z		ANTECEDENT CAUS		(B)	dry Nh	en	- hea
RTIFICATION	RISE TO T	S OR CONDITIONS, I	STATING TH				20
CA	ONDERL	YING CONDITION LA	151.				
T		н		(C)			
CER	TRIBUTING	SIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED			
7				FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A ACCIDE	NT, SUICIDE.	218 PLA	ACE OF INJURY (e. g., in	or 21c. WHERE DID (1	f in Baltimore City, giv	YES NO
ED	HOMICIDE	(Specify)		farm, factory, street, office bldg., e	te.) INJURY OCCUR?		
2	ID. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
	- III.SORT		m.	WHILE AT NOT WHILE			
		y certify that I att			Joh 14, 1957 to C		that I last saw the
	deceased al		197 0		red at 11.45A from to		date stated above.
	101A	- LAND C	吐	M. D.	511-561	tin -	18/4/81
	4A. BURIAL, CON, REMOVAL (S			24c. NAME of CEMETE	RY OR CREMATORY 240. L	ATION (City, town, or	county) (State)
	Burial	10/5/				lto. Md.	
L	ATE RECEIVED	D BY REGISTRAR'	SIGNATI	I O Our	25. FUNERAL DIRECTOR		ADDRESS
=	PTvs (509)	1000	ton Mil	HATTOMME.	MADY STONIENS	12 N. Carro	III AW
10	(VS 1503)	0	0	720	8A		0034
				1	9/3		0120



7.33	55	PAI TIMOPE CITY HI	EALTH DEPARTMENT X 50 8	AQA
DIPTH NO	0 8494		E OF DEATH Registered No.	2075
. NAME OF D	ECEASED		2. DATE	
Type or Print)	Louis	L. LITTMAN	OF DEATH 10-3	-50
	City, Maryland		ACCOUNT A ALS	on : residence efore admission)
FULL NAME	OF (If not in hospit	al or institution, give street address or location)		
ONION	MEMORIA	L HOSPITAL	near Towson (Balto. 12)	township)
on making a firm	tors in Dolling	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	0
E. Length of s	tay in Baltimore	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years H Under I Yea	r If Under 24 Hours
MALE	WHITE	WIDOWED, DIVORCED (Specify)		
rk done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	WH	IZEN OF
- / / /	res.	HIFE INSURANCE	GERMANY	1. S. A.
3. FATHER'S	NAME		14. MOTHER'S MAIDEN NAME	
5. WAS DECEASE	ED EVER IN U. S. ARMED	CORCES 16 COCIAL	Dora	
es, no or unknown)	(If you, give war or date	of service) SECURITY NO.	17. INFORMANT 611 Regester	
NKNOWN	A 1	1511-01-4096	MRS. ELDORA L KELLEY BACTIMORE	ERVAL BETWEEN
18. 42	OI I			ET AND DEATH
	LEADING TO DEAT	TH C	te Coronary acclusion	laken
heart failu	s not mean the mode our, asthenia, etc. It mea complication which c	ns the disease,	- Comment	
	ANTECEDENT CAUS			
DISEASE	S OR CONDITIONS, II	(B)		
RISE TO T	THE ABOVE CAUSE (A)	STATING THE DUE TO		
		(C)		
	II CONDI	TIONS CON		
TRIBUTING	GIGNIFICANT CONDI TO THE DEATH, BUT USEASE OR CONDITION	NOT RELATED		
		98. MAJOR FINDINGS OF OPER	RATION 20	AUTOPSY?
	2/		YE	
	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (c. g., about home, farm, factory, street, office bldg.,		et location)
IO. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURE		711171
		m. WORK AT WORK		
22. I hereb	y certify that I att	ended the deceased from	50m, 10/3, 1950, to 4:20 Am 10/3, 1950, that rred at 4:20 km., from the causes and on the date	I last saw the
deceased a				
		ongelou M.D.	Union memorial stop. Des	23, 1950
4A. BURIAL.	CREMA- 24B. DATE	24C. NAME OF CEMETE	ERY OR CREMATORY 249. LOCATION (City, town, or count	(State)
Buria	X 10/5	150 Woodly	non Woodlaws,	ma.
ATE RECEIVE OCAL REGIST		S SIGNATURE	25 FYNERAL DIRECTOR	ESS
OCT -	4 1950 PK	- 1/- U// 1 0	& Miller Jan	271
VS 150		- I more auto, My		Ballo
	Establish 180	- I a male to the figure	094a	ma.



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF GERTRUDE L GONT RUM DEATH October 2, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Union Memorial Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3208 Chelsey Avenue ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | ff Under | Year | ff Under 24 Hours last birthday) | Months: Days | Hours: Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) female white married 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESA (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. CAUSE OF DEAT ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Bullet wound of heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. 21B. PLACE OF INJURY (e.g., in or about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 3208 Chelsey Avenue home 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE October 2, 1950 ? p. m. shot self with .32 cal. revolver WORK autopsy 22 . I certify that I took charge of the remains described above, held an $_$ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses □, accident □, suicide ☒, homicide □, undetermined □. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR OCATION (City, town, or county) A. BURIAL, CREMA-N. REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

W-3008196

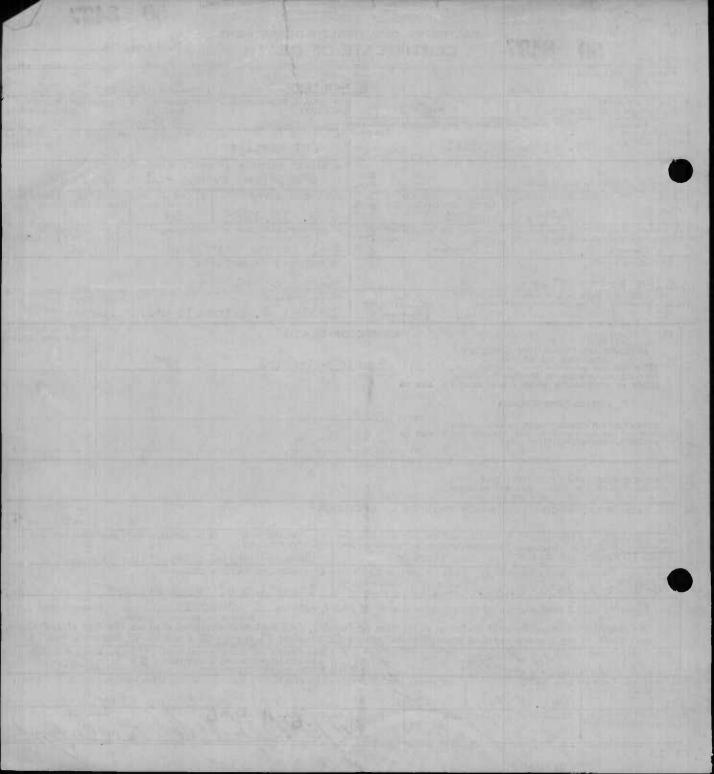
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

B	IRTH NO.							
	NAME OF D	LA/M	nnd	6. W	and		2. DATE. OF DEATH	1: 2/1950
A.		EATH: City, Maryland			A. STATE	RESIDENCE (V	here deceased lived. In B. COUNTY	institution: pesidence before admission)
H	OSPITAL OR	OF ' (If not in hospi	tal or institution	on, give street address locati		TOWN (If	outside corporate limi	ts, write RURAL and give
IN	TO/	Mª HENR	1 8	{	1/801	timo	ee leit	21-01 tywnship)
	1			Yr Mo		ADDRESS (If	rural, give location)	B
-	Length of st	tay in Baltimore	7. SINGLE	Da		11/2/7	ENRY	I Hadar I Van J. H. Hadar 24 Haves
/	1/2/0	11/2:40		ED, DIVORCED (Spec		16/100%	last birthday M	If Under 1 Year II Under 24 Hours on the Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired	108. KIND	OF BUSINESS OR		ACE (State or fo	preign country)	12. CITIZEN OF
	JA	VITOR	DISTI	LLERY	Weave	exton -	Md.	WHAT COUNTRY?
13	EATHER'S N	NAME	1./	,	14. MOTHER	R'S MAIDEN N	ME //	
4		DEVER IN U. S. ARME	1000	16. SOCIAL	/// AR	SARET	HONKE	
(Ye	s, no or unknown)	(If yet, give war or dat	es of service)	SECURITY NO 215-14-117	17. INFORM	ANT	.//	DDRESS
	18. 11 2.2	WWJ	X		E OF DEATH	18/dy Ce	100d -	INTERVAL BETWEEN
	DISEAS	E OR CONDITION			0 0	1.	00	ONSET AND DEATH
		not mean the mode	of dying, e.g.		Municolo	er In	rellation	27612
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
		ANTECEDENT CAU	SES					
O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
AT	UNDERLY	ING CONDITION L	AST.	E DUE TO				
FIC								
CERTIFICATION		II IGNIFICANT COND TO THE DEATH, BUT						
S	TO THE O	SEASE OR CONDITIO	N CAUSING IT					
AL	19A. DATE O	F OPERATION	ISB. MAJOR	FINDINGS OF OF	PERATION			20. AUTOPSY?
MEDICAL		ENT WAS UNDER-		CE OF INJURY (e. rm, factory, street, office bi		ERE DID (I	f in Baltimore City,	
Σ	ID. TIME (Month) (Day) (Year) (Hour) 2	TE. INJURY OCCU	RRED 21F. HO	W DID INJURY	OCCUR?	
h	FINJURY			HILE AT NOT WH				
	22. I hereb	y certify that I at			80 . 10	, 1946/ to 6	it 2 m , 195	Othat I last saw the
	deceased al	ive on you.				som., from t		he date stated above.
	23A. SIGNAT	Have K	tha-	м. р.	23B. ADDRESS	Sep	X 51	10 3 SO
2.	4A. BURIAL, C	REMA- 24B. DATE	/ 2	4C. NAME OF CEME	TERY OR CREMA	TOR4 240 L	OCATION (City, town	, or county) (State)
li	URIAL	6ct. 5	1.950	Saltimo	Re Natio	NUL ST	ALTENIOR	· Md.
D.	ATE RECEIVED	RAR REGISTRAR	S SIGNATUR	RE () ()	25 FUNES	DIRECTOR	1. 1.	ADDRESS
H		1	1 100	Historia Maria	y. Der	Neppo	el Dow -1	6 waw R
	VS 150		0	77 ^	46			09500
			The same	//0	16			

a Line Description the trade of the said

H-546 CENTIFICATE BALTIMORE CITY HE		197			
BIRTH NO. CERTIFICATE	E OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print) JOHN HEI	INMULLER 2. DATE OF DEATH Octobe	r 2, 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	titution : residence before admission			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION St. Agnes Hospital	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give Catonsville D. STREET ADDRESS (If rural, give location) 6 Woodlawn Avenue - Eden Terrace				
Yrs. Mos. C. Length of stay in Baltimore Days					
Male White 7. SINGLE. MARRIED. WIDOWED.DIVORCED (Specify) Married	6. DATE OF BIRTH 9. AGE (In years last birthday) Feb. 10, 1888 62	r 1 Year s Days Hours Min			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (10A. USUAL OCCUPATION (Give kind of working life, even if retired) (10A. USUAL OCCUPATION (Give kind of log. KIND OF BUSINESS OR BUSINESS OR GIVE LIGHT OF LOG. (10A. LIGHT OF LOG. LIGHT O	Baltimore Maryland	CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Adam Heinmuller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mary Stehl 17.INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Louisa A. Heinmuller				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)					
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION	YES X NO			
21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. UNDERLYING TO OR CONTRIB. UNDERLYING TO CAUSE OF DEATH. 1D. TIME (Month) (Day) (Year) (Hour)	e exact location)				
22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	bove, held an Autopsy Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the soil accident soil will be a soil accided.	thereon and from day stated above letermined DATE SIGNED			
244 BURIAL CREMA-LIZAR DATE VZ4C NAME OF CEMETEL	D. MEDICAL INVESTIGATOR	10-2-50			
Burial Oct. 5/50 Loudon Park DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Gemetery Baltimore Mary				
VS 151 N 967X 5648	1630	1			



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF COLUMBUS COSTLY DEATH October 4, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Franklin Square Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 434 N. Gilmore Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (In years if Under I Year last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) male colored MARRICO 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF working me during most of working life, even if retired) INDUSTRY WHAT COUNTRY Clerk 13. FATHER'S NAME CANOR 15. WAS DECEASED EVER IN U. S. ARMED FORCES 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 705-09-0112 SAME CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., (A) Bronchopneumonia heart failure, asthenia, etc. It means the disease. pur to fractures of right leg and skull lnjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. W. Franklin St. and Calhoun Street street 21F. HOW DID INJURY OCCUR? (Hit & Run) 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED September 28,1950 12.30m Pedestrian struck by automobile autopsy 22. I certify that I took charge of the remains described above, held an thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER X | 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER. October 4. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) GARROII 10-7-1950 (QURIA! FAIRVIEW 25. FUNERAL DIRECTO ADDRESS REGISTRAR'S SIGNATURE

DATE RECEIVED BY LOCAL REGISTRAR

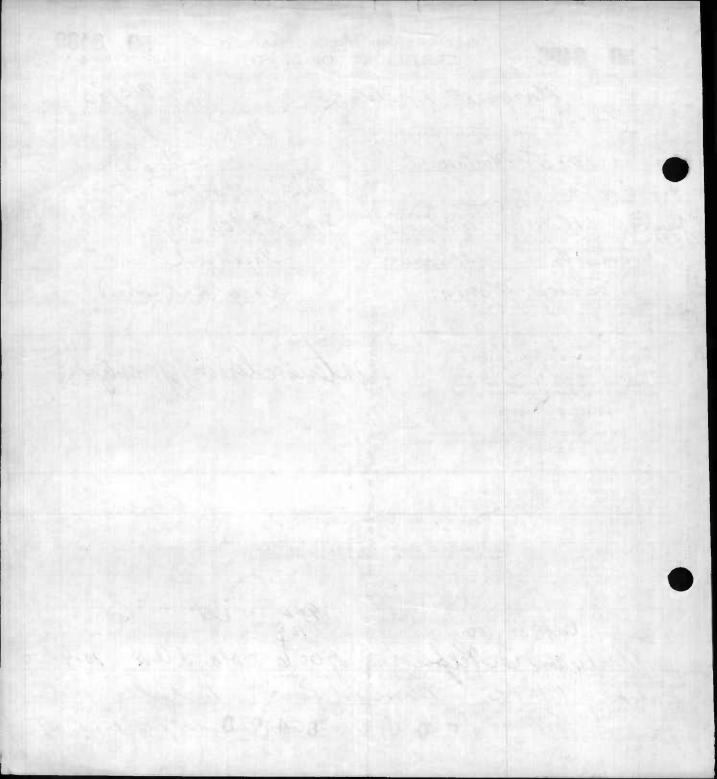
151

m. c.c.

-462

correct age is especially important

BALTIMORE CITY HE	EALTH DEPARTMENT					
CERTIFICATE OF DEATH Registered No						
BIRTH NO.						
1. NAME OF DECEASED Margaret F. Clan	K OF DEATH					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. DSUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	md 11-02-					
INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
1015 Morton of	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Mos. Days	1015 Morton st.					
5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Under I Year last birthday) Months; Days Hours; Min.					
Ymale Whete Widowed	Sept 15-1863 87 Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life.) for if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY					
Housewifz at Home	Instand					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Vances Moran	Mary (Unknown)					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Merisclerssis, General and Death					
UNDERLYING CONDITION LAST. (C)						
(c)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?					
A SCHOOL WAS AND A LOS OF INJURY (5.2)	YES NO X					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, give exact location) toto.)					
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. OF INJURY WHILE AT WORK NOT WHILE AT WORK						
22. I hereby certify that I attended the deceased from 19 to 00 , 1950th deceased alive on 33 , 1950, and that death occurred at 15 m., from the causes and on the d						
	23B_ADDRESS / 23c. DATE SIGNED					
William O Stelfrecks.o.	0006 Holand UN 10-4-50					
24A. BURIAL, CREMA- 24B. DATE AC. NAME OF CEMETE THON REMOVAL (Specify)	1 D 1 P V MA Sell					
DATE RECEIVED BY REGISTRAR'S, SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
LOCAL REGISTRAR	61 0 CA10 26 1217 St P. P st					
VS 150	4.					



2	00				2012			TAMO.		
50 8500 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No.						
	H NO.				CLICITI	CAIL	OF DEATH		- G-Stelled 110	
	AME OF or Print)		04 1	2055		88		2. DAT	110	3-50
	ACE OF		laryland				4. USUAL RESIDENCE	(Where dece		
B. FU	LL NAME	OF	(If not in hospit	al or institut	ion, give street ac		marylan	L		
INST.	ITUTION	Ulu	iver.	it	Hosp	location)	Baltemore	(If outside co	prporate limits,	write RURAL and give township)
C. Ve	ngth of	stav in	Baltimore	(Yrs. Mos.	921 1 Valo	(If rural, giv	e location)	
5. SE			OR OR RACE	7. SINGL	E. MARRIED.	Days	8. DATE OF BIRTH	9. AGE	(in years H U	nder 1 Year If Under 24 Hours
3	gale	21	hite	ma	Lied.	(Specify)	12/30/1901			ths Days Hours Min.
10A. I	USUAL O	CCUPAT tof working	ION (Give kind of life, even if retired)	10B. KINE	OF BUSINESS	OUSTRY	11. BIRTHPLACE (State	or foreign cou	ntry) 1	2. CITIZEN OF WHAT COUNTRY
12 E	ATHERS	- N. A. A. C.		from	son les	lauran	Maynesbor	e Vu	ginia	
A	repl	2 NAME	m. 0.				MOTHER'S MAIDEN	NAME	20 - 0	0
15. W	AS DECEAS	ED EVER	IN U. S. ARMET	FORCES?	16. SOCIAL		17. INFORMANT	nce!	10 Gan	ley
1 04, no	or unknown		e, give war or date N. W I	s of service)	SECURITY	Y NO.	me e a de 24 E	20, 20	10 8 000	in Ilik
18	. 581	. 1			CA	USE C	F DEATH	1	V 6 xxx	INTERVAL BETWEEN
	DISEA		CONDITION			N		+		DNSET AND DEATH
	(This doe	s not me	an the mode o	f dying, e. s	., (A) .C.	KA	oan quen	alws	l	
	injury or	complic	enia, etc. It mea eation which c	ns the diseas aused death	e, .) DUE TO		1	,		
		ANTEC	EDENT CAUS	ES	bi	1/20	1.0	/	1	
2	DISEASE	S OR CO	ONDITIONS, II	E ANY GIVIN	(16.5%)	Lled	my lotop	nagen	rance	60
	RISE TD	THE ABD	VE CAUSE (A) ONDITION LA	STATING TH		Pa	1.00.00	2-101/		Marie VI
2					(0)	all	nuc 15 C	DOLO	ous	
			11							
ָ ב	TRIBUTIN	G TO TH	CANT CONDI	NOT RELATE	D					
19	A. DATE		RATION 1		FINDINGS OF	OPERA	TION			20. AUTO SY?
<u>{</u>			7							YES ND
L	1A. ACCIE YING O AUSE OF	R CONT	AS UNDER-		CE OF INJURY arm, factory, street, of			(If in Balt:	more City, giv	e exact location)
2			(Day) (Year)	(Hour)	21E. INJURY O	CCURRE	21F. HOW DID INJ	URY OCCUR	7	
	INJURY			m.		T WHILE				
22	2. I herel	ou certi	fu that I att		deceased from	11	- 28 1950, to	10-	3 1950	that I last saw the
de	cceased a	live on	10-3	, 19.50	and that death	h occurr	ed at 8 5 Pm., from	m the cause	s and on the	date stated above.
23	30 8 1/8 B/V/	TURE	max	///	0		ADDRESS	-11		23c. DATE SIGNED
240	BÜRIAL.	CREMA-	24B. DATE	della		I. D.	Mucraels	1 VIII-	PV	0-4-50
1/	REMOVAL (. / /		Hays		Y OR CREMATORY 24	2 LOCATION	City, town, or	(State)
	RECEIVE	D BY I	10/5/5	SSIGNATU	RE PR		25. FUNERAL DIRECTO	Rayne	storo	ongenia
	L REGIST			SIGNATO			Non P A	Q		01 0 000
	11951		1-5		Villar and	()	A. Collin	AC.	2174	o. rankfo.
	VS 150		Care	AU GIOV	7/	1/	M			1240
					159	101			Daniel State	177.00

